

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

REC'D
SECRETARY OF PUBLIC RECORDS
PUBLIC RECORDS
Office Use
APR 16 PM 2:17

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SENATOR BOB SMITH

ADDRESS (number and street)

PO BOX 21

Check if different than previously reported. (ACC)

MERRIMACK

NH

03054

2. FEC IDENTIFICATION NUMBER ▼

C C00552968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE

Date

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

14020250046

SUMMARY PAGE

Write or Type Committee Name

FRIENDS OF SENATOR BOB SMITH

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

**COLUMN A
This Period**

**COLUMN B
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))..

187074.99

217551.68

(b) Total Contribution Refunds
(from Line 20(d)) ..

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))..

187074.99

217551.68

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

110081.40

118885.40

(b) Total Offsets to Operating
Expenditures (from Line 14)...

303.54

303.54

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))..

109777.86

118581.86

8. Cash on Hand at Close of
Reporting Period (from Line 27)...

98469.82

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D) ..

0.00

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D) ..

36824.19

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020250047

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 83

Write or Type Committee Name

FRIENDS OF SENATOR BOB SMITH

Report Covering the Period: From: M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2014 To: M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A) ..

76907.25

101257.94

(ii) Unitemized

105667.74

106793.74

(iii) TOTAL of contributions from individuals .

182574.99

208051.68

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

4500.00

9500.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

187074.99

217551.68

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

303.54

303.54

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

187378.53

217855.22

14020250048

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	110081.40	118885.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ..	500.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	110581.40	119385.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	21672.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	187378.53
25. SUBTOTAL (add Line 23 and Line 24)...	209051.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	110581.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	98469.82

14020250049

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
DR JAMES ABELL 207 SR
Mailing Address **7102 WELLS PKWY**

City **UNIVERSITY PARK** State **MD** Zip Code **20782**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **DOCTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11AI.4254**

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR JOHNNY ACTKINSON 793
Mailing Address **PO BOX 550**

City **FARWELL** State **TX** Zip Code **79325**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : **SA11AI.7595**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR RONALD ALLEN 342
Mailing Address **112 OSPREY POINT DRIVE**

City **OSPREY** State **FL** Zip Code **34229**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : **SA11AI.8979**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

14020250050

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS KIMBERLY BELLISSIMO 200

Mailing Address 1155 15TH ST NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer **BASE CONNECT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
01 / 24 / 2014

Transaction ID : **SA11AI.9038**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS KIMBERLY BELLISSIMO 200

Mailing Address 1155 15TH ST NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer **BASE CONNECT** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014

Transaction ID : **SA11AI.9037**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS JANE BENEKE 752

Mailing Address 4201 ARMSTRONG PKWY

City DALLAS State TX Zip Code 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014

Transaction ID : **SA11AI.7667**

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

14020250051

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
BRENT BOGART 342

Mailing Address **6990 SCRUB JAY DR**

City **SARASOTA** State **FL** Zip Code **34241**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TRADEWIND TECHNOLOGIES INC** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2014

Transaction ID : **SA11AI.9074**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR JOHN BOLL 480

Mailing Address **100 MAPLE PARK BLVD #116**

City **ST CAIR SHORES** State **MI** Zip Code **48081**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11AI.9080**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR JAMES E BOYD 342

Mailing Address **717 MANATEE AVE W STE 300**

City **BRADENTON** State **FL** Zip Code **34205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOYD INSURANCE & INVESTMENT SERVICE** Occupation **INSURANCE EXEC**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2014

Transaction ID : **SA11AI.9092**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

14020250052

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a
 11b
 11c
 11d
 15
 PAGE 8 OF 83

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR JAMES E BRIDGES 342

Mailing Address **128 GOLDEN GATE PT
#1001**

City **SARASOTA** State **FL** Zip Code **34236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : **SA11AI.9106**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS page brown 342

Mailing Address **512 west venice avenue #302**

City **venice** State **FL** Zip Code **34285**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
01 / 17 / 2014

Transaction ID : **SA11AI.9116**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS MARY E BUCHANAN 194

Mailing Address **954 MYSTIC LANE**

City **NORRISTOWN** State **PA** Zip Code **19403**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : **SA11AI.9135**

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

14020250053

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS LOIS BURGESS 820

Mailing Address **2865 OLIVE DR**

City **CHEYENNE** State **WY** Zip Code **82001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11A1.9142

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES CAMPBELL 672

Mailing Address **2445 S GREENWOOD ST**

City **WICHITA** State **KS** Zip Code **67216**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11A1.7772

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS SUE M CANNON 802

Mailing Address **6420 W LAKERIDGE RD**

City **LAKEWOOD** State **CO** Zip Code **80227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11A1.7778

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3650.00

14020250054

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS PRISCILLA CARMICHAEL 296

Mailing Address **308 CRIPPLE CREEK RD**

City **CLEVELAND** State **SC** Zip Code **29635**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11A1.9176**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GIUSEPPE CECCHI 221

Mailing Address **1209 ALDEBARAN DR**

City **MCLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IDI GROUP COMPANIES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11A1.9186**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR GIUSEPPE CECCHI 222

Mailing Address **1700 N MOORE ST**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE IDI GROUP** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11A1.4679**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

14020250055

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11. OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR GIUSEPPE CECCHI 222

Mailing Address **1700 N MOORE ST**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE IDI GROUP** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : **SA11AI.4678**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR GIUSEPPE CECCHI 222

Mailing Address **1700 N MOORE ST**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE IDI GROUP** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SA11AI.7791**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR CHARLES CHEEVER 782 JR

Mailing Address **11112 MONMOUTH**

City **SAN ANTONIO** State **TX** Zip Code **78239**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11AI.4691**

Amount of Each Receipt this Period
1000.00

2500.00

TOTAL This Period (last page this line number only)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

14020250056

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS ELLOINE M CLARK 752 III

Mailing Address **3716 MAPLEWOOD AVE**

City **DALLAS** State **TX** Zip Code **75205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt

MM	DD	YYYY
01	30	2014

Transaction ID : **SA11A1.4712**

Amount of Each Receipt this Period

2600.00

B. Full Name (Last, First, Middle Initial)
MRS ELLOINE M CLARK 752 III

Mailing Address **3716 MAPLEWOOD AVE**

City **DALLAS** State **TX** Zip Code **75205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt

MM	DD	YYYY
02	18	2014

Transaction ID : **SA11A1.4711**

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)
MRS WILLIAM CLARK 752

Mailing Address **3716 MAPLEWOOD AVE**

City **DALLAS** State **TX** Zip Code **75205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt

MM	DD	YYYY
02	04	2014

Transaction ID : **SA11A1.9204**

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Amount of Each Receipt this Period

7800.00

14020250057

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS PAMELA G COLUCCI 189 SUS

Mailing Address **318 BUNKER HOLLOW ROAD**

City **DOYLESTOWN** State **PA** Zip Code **18901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : **SA11A1.9216**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BERT CONDIE 329 III

Mailing Address **545 COCONUT PALM RD**

City **VERO BEACH** State **FL** Zip Code **32963**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11A1.7834**

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR DAVID CONOVER 200

Mailing Address **2311 M ST, NW
APT 607**

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAVID CONOVER & ASSOCIATES** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : **SA11A1.9222**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

14020250058

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR ED CORRIGAN 200

Mailing Address **401 D STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAPITOL HILL** Occupation **CONGRESSIONAL STAFFER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
01 / 24 / 2014

Transaction ID : **SA11AI.9234**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH CORSO 080

Mailing Address **116 HOWARD ST**

City **RIVERTON** State **NJ** Zip Code **08077**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
01 / 21 / 2014

Transaction ID : **SA11AI.4788**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH CORSO 080

Mailing Address **116 HOWARD ST**

City **RIVERTON** State **NJ** Zip Code **08077**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
02 / 26 / 2014

Transaction ID : **SA11AI.4789**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

14020250059

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR JOSEPH CORSO 080

Mailing Address **116 HOWARD ST**

City **RIVERTON** State **NJ** Zip Code **08077**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : **SA11AI.7842**

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS MARJORIE L CRUMP 066

Mailing Address **28 TWISTED OAK CIR**

City **TRUMBULL** State **CT** Zip Code **06611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2014

Transaction ID : **SA11AI.4835**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR JOHN J CURLETT 330

Mailing Address **5 CALOOSA RD**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OCEAN REEF CLUB** Occupation **REALATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11AI.9266**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

14020250060

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 83

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS JACKIE CUSHMAN 303

Mailing Address **3299 PINE MEADOW RD**

City **ATLANTA** State **GA** Zip Code **30327**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **WRITER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.9268

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS SONDR A DAKIN 342

Mailing Address **41000 SR 70 E**

City **MYAKKA CITY** State **FL** Zip Code **34251**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **DAIRY FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : SA11AI.9274

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS CAROLYN J DAMON 967

Mailing Address **PO BOX 791719**

City **PAIA** State **HI** Zip Code **96779**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

14020250061

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS MARJORIE DANNENFELSER 222

Mailing Address **1511 N. HARRISON ST**

City **ARLINGTON** State **VA** Zip Code **22205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SUSAN B ANTHONY LIST** Occupation **CHAIRMAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

MM	DD	YYYY
01	24	2014

Transaction ID : **SA11AI.9280**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MR BRIAN DARLING 200

Mailing Address **400 MASSACHUSETTS AVE, NW
APT 901**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **U S SENATE** Occupation **COUNSEL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

MM	DD	YYYY
01	24	2014

Transaction ID : **SA11AI.9284**

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS N DAVIDSON 330

Mailing Address **7 SUNRISE CAYDRIVE**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

MM	DD	YYYY
03	05	2014

Transaction ID : **SA11AI.9286**

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

14020250062

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS JANET S DEY 481

Mailing Address **29968 MARQUETTE ST**

City **GARDEN CITY** State **MI** Zip Code **48135**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : **SA11A1.4913**

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MS NANCY M DICKINSON 229

Mailing Address **500 GREENBRIER DR APT 308**

City **CHARLOTTESVILLE** State **VA** Zip Code **22901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **NOT EMPLOYED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : **SA11A1.7915**

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM H DICKINSON 330

Mailing Address **24 DOCKSIDE LANE
PMB 410**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OCEAN REEF CLUB** Occupation **REALATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11A1.9306**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2550.00

14020250063

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
JESSE EDWARDS 030

Mailing Address **33 RATTLESNAKE HILL ROAD**

City **AUBURN** State **NH** Zip Code **03032**

FEC ID number of contributing federal political committee. **C**

Name of Employer **US ARMY** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11AI.9361**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RUSSELL FILER 923

Mailing Address **13057 CALIFORNIA ST**

City **YUCAIPA** State **CA** Zip Code **92399**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : **SA11AI.5105**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT D FISHER 327

Mailing Address **727 S FLORIDA AVE**

City **DELAND** State **FL** Zip Code **32720**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11AI.8009**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

14020250064

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
MS VICTORIA I FORD 322

Mailing Address **4303 FOREST PARK RD**

City State Zip Code
JACKSONVILLE FL 32210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : **SA11AI.8022**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
MR JOHN FURNEAUX 330

Mailing Address **42 S BRIDGE LANE**

City State Zip Code
KEY LARGO FL 33037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11AI.9438**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
MR WARREN GALKIN 028

Mailing Address **29 SAGE DR**

City State Zip Code
WARWICK RI 02886

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATCO PRODUCTS CORP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11AI.5186**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

14020250065

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 83
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR WARREN GALKIN 028

Mailing Address **29 SAGE DR**

City **WARWICK** State **RI** Zip Code **02886**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NATCO PRODUCTS CORP** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
02 / 27 / 2014

Transaction ID : **SA11AI.8043**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR GERRY GAMACHE 031

Mailing Address **494 CRESTVIEW CIR**

City **MANCHESTER** State **NH** Zip Code **03104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HILLSBOROUGH CNTY** Occupation **CORRECTIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
03 / 29 / 2014

Transaction ID : **SA11AI.9449**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS SONJA GERQUEST 064

Mailing Address **5101 ASHLAR VLG**

City **WALLINGFORD** State **CT** Zip Code **06492**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
02 / 27 / 2014

Transaction ID : **SA11AI.5219**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

14020250066

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS SONJA GERQUEST 064

Mailing Address **5101 ASHLAR VLG**

City	State	Zip Code
WALLINGFORD	CT	06492

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00
---	--

Date of Receipt
02 / 27 / 2014
Transaction ID : **SA11A1.8050**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS GIBSON 223

Mailing Address **1201 WAKE FOREST DR**

City	State	Zip Code
ALEXANDRIA	VA	22307

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF EMPLOYED	CARTOONIST

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00
---	---

Date of Receipt
01 / 24 / 2014
Transaction ID : **SA11A1.9474**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR MELVIN GOODWEATHER 223

Mailing Address **820 EMERALD DR**

City	State	Zip Code
ALEXANDRIA	VA	22308

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00
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Date of Receipt
01 / 24 / 2014
Transaction ID : **SA11A1.9498**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

14020250067

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 83	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS SUSAN GORE 820

Mailing Address **1740 H DELL RANGE BLVD**
#509

City **CHEYENNE** State **WY** Zip Code **82009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
03 / 17 / 2014

Transaction ID : **SA11A1.9500**

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD S GRIFFITH 705

Mailing Address **PO BOX 91610**

City **LAFAYETTE** State **LA** Zip Code **70509**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
01 / 31 / 2014

Transaction ID : **SA11A1.5311**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD S GRIFFITH 770

Mailing Address **3417 MILAM ST**

City **HOUSTON** State **TX** Zip Code **77002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
02 / 10 / 2014

Transaction ID : **SA11A1.5313**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This-Period (last page this line number only).....

1550.00

14020250068

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
MR MARTIN HARRIS 782 CPA

Mailing Address **41 GRANBURG CIR**

City State Zip Code
SAN ANTONIO TX 78218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ACCOUNTANT

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014
Transaction ID : **SA11AI.5395**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
MRS LISA HARRISON 220

Mailing Address **8323 ARGENT CIRCLE**

City State Zip Code
FAIRFAX STATION VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICAN CHEMISTRY COUNCIL VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
01 / 24 / 2014
Transaction ID : **SA11AI.9558**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
MR CHARLES M HARTZ 330

Mailing Address **OCEAN REEF CLUB #7 EXUMA**

City State Zip Code
KEY LARGO FL 33037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARTZ FOUNDATION TRUST CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014
Transaction ID : **SA11AI.9566**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

1402025069

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR PHILIP H HASELTON 045

Mailing Address **76 OAK ST**

City **BOOTHBAY HARBOR** State **ME** Zip Code **04538**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11A1.8133**

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR JOHN HASKINS 601

Mailing Address **861 HAWTHORNE CIR**

City **LOMBARD** State **IL** Zip Code **60148**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11A1.8133**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR DAVID C HEMENWAY 038

Mailing Address **PO BOX 540**

City **WOLFEBORO** State **NH** Zip Code **03894**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : **SA11A1.9582**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

14020250070

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR JAMES N HESTON 088

Mailing Address **41 FRANKLIN SCHOOL WAY**

City **METUCHEN** State **NJ** Zip Code **08840**

FEC ID number of contributing federal political committee. **C**

Name of Employer **METLIFE** Occupation **INSURANCE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
01 / 31 / 2014

Transaction ID : **SA11A1.5473**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CAPT TATNALL LEA HILLMAN 816

Mailing Address **504 W BLEEKER ST**

City **ASPEN** State **CO** Zip Code **81611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : **SA11A1.5489**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CAPT TATNALL LEA HILLMAN 816

Mailing Address **504 W BLEEKER ST**

City **ASPEN** State **CO** Zip Code **81611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014

Transaction ID : **SA11A1.8159**

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

14020250071

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 83
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR ARTHUR HILSINGER 020

Mailing Address **8 JACKSON POND RD**

City **DEDHAM** State **MA** Zip Code **02026**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : **SA11AI.5491**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS KATHRYN HILTON 337

Mailing Address **4220 69TH AVE N**

City **PINELLAS PARK** State **FL** Zip Code **33781**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11AI.8160**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JOHN T HOPE 330

Mailing Address **212 ANDROS RD**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : **SA11AI.9612**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1350.00

14020250072

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR ANDREW HORNER 752

Mailing Address **13DOWNS LAKE CIRCLE**

City **DALLAS** State **TX** Zip Code **75230**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11AI.9614**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR J W JOHNSON 411 MD

Mailing Address **2510 LYNNHAVEN CT**

City **ASHLAND** State **KY** Zip Code **41101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GENERAL SURGERY** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : **SA11AI.5653**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR DAVID H KEYSTON 939

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11AI.5756**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

14020250073

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR DAVID H KEYSTON 939

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : **SA11AI.5753**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR DAVID H KEYSTON 939

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1450.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : **SA11AI.8255**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR TERENCE B KIELY 349

Mailing Address **3389 SE CAMBRIDGE DR**

City **STUART** State **FL** Zip Code **34997**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **DOCTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : **SA11AI.8257**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

14020250074

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS SARINA F KINNEY 330

Mailing Address **27 BAY RIDGE ROAD**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **02 / 04 / 2014**

Transaction ID : **SA11AI.9723**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
MRS LAURIE LANKFORD 220

Mailing Address **8304 IVY GREEN RD**

City **FAIRFAX STATION** State **VA** Zip Code **22039**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 24 / 2014**

Transaction ID : **SA11AI.9775**

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
MR GREG LEE 224

Mailing Address **24 DAYTON CIRCLE**

City **FREDERICKSBURG** State **VA** Zip Code **22406**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KOONS CHEVROLET** Occupation **SALES MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **01 / 24 / 2014**

Transaction ID : **SA11AI.9791**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

14020250075

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
JOHN LEE 330

Mailing Address **24 DOCKSIDE LN**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CREATIVE CORPORATE SERVICE LLC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1021.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2014

Transaction ID : **SA11A1.7458**

Amount of Each Receipt this Period
1021.25

In-kind - **CARDSOUND CLUB EVENT CATERING**

B. Full Name (Last, First, Middle Initial)
MR ERIC MACDONALD 038

Mailing Address **45 PINE STREET**

City **EXETER** State **NH** Zip Code **03833**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : **SA11A1.9829**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR JAMES ROY MC CAREY 100

Mailing Address **1 SHERIDAN SQ APT 5C**

City **NEW YORK** State **NY** Zip Code **10014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NEGATIVE POSITIVE NZL** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : **SA11A1.6065**

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1821.25

14020250076

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
KATHLEEN L MCCARTHY 900

Mailing Address **10449 BAINBRIDGE AVE**

City **LOS ANGELES** State **CA** Zip Code **90024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNIVERSITY OF SOUTHERN CALIFORNIA** Occupation **VICE CHAIRMAN & TRUSTEE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M / M / Y
02 / 10 / 2014

Transaction ID : **SA11AI.6072**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS MARY L MELTZER 139

Mailing Address **14 EDGECOMB RD**

City **BINGHAMTON** State **NY** Zip Code **13905**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
M / M / Y
03 / 24 / 2014

Transaction ID : **SA11AI.8427**

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DAVID MELVILLE 349

Mailing Address **1767 BAR HARBOR DR**

City **FORT PIERCE** State **FL** Zip Code **34945**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OCEAN GROWN INC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M / M / Y
03 / 31 / 2014

Transaction ID : **SA11AI.9918**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

14020250077

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR DAVID B MELVILLE 349

Mailing Address 1767 BAR HARBOR DR

City State Zip Code
FORT PIERCE FL 34945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINTER WYMAN & CO CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SA11A1.6153

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES R MICHIE 841

Mailing Address 405 12TH AVE

City State Zip Code
SALT LAKE CITY UT 84103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
T M EQUITIES INC REAL ESTATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SA11A1.6175

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS FRANCIS MORSE 956

Mailing Address 4181 FORT JIM RD

City State Zip Code
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014

Transaction ID : SA11A1.8472

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

14020250078

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS ANITA K MOSS 803

Mailing Address **122 OLD POST OFFICE RD**

City **BOULDER** State **CO** Zip Code **80302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : **SA11AI.9990**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR LAURANCE B NILSEN 852

Mailing Address **7140 E BRONCO DR**

City **PARADISE VALLEY** State **AZ** Zip Code **85253**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11AI.6348**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KENNETH PARK 030

Mailing Address **PO BOX 1473**

City **SALEM** State **NH** Zip Code **03079**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **PHOTOGRAPHER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : **SA11AI.7585**

Amount of Each Receipt this Period
400.00
In-kind - PHOTOGRAPHY

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2400.00

14020250079

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR ROY PARKS 796

Mailing Address **6818 W LAKE RD**

City **ABILENE** State **TX** Zip Code **79601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **SA11AI.6433**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GENERAL TERRY PAUL 200

Mailing Address **733 10TH ST NW
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.10062**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR PATRICK J PETTEY 208

Mailing Address **10301 CHAPEL RD**

City **POTOMAC** State **MD** Zip Code **20854**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLIAMS & Jensen** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 04 / 2014

Transaction ID : **SA11AI.10084**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

14020250080

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
LEONORA PUSTA 855

Mailing Address **138 W. SUNFLOWER DRIVE**

City **PAYSON** State **AZ** Zip Code **85541**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : **SA11A1.10128**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address **420 41ST AVE**

City **SAN FRANCISCO** State **CA** Zip Code **94121**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt
MM / DD / YYYY
03 / 06 / 2014

Transaction ID : **SA11A1.8582**

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address **420 41ST AVE**

City **SAN FRANCISCO** State **CA** Zip Code **94121**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **255.00**

Date of Receipt
MM / DD / YYYY
03 / 24 / 2014

Transaction ID : **SA11A1.8581**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

650.00

14020250081

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR ARTHUR RICE 284

Mailing Address **328 OLDE POINT LOOP**

City **HAMPSTEAD** State **NC** Zip Code **28443**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NC STATE UNIVERSITY** Occupation **DESIGN PROGRAM DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : **SA11AI.8612**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR GRIFFITH RICHARD 705

Mailing Address **PO BOX 91610**

City **LAFAYETTE** State **LA** Zip Code **70509**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
02 / 18 / 2014

Transaction ID : **SA11AI.6621**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR GRIFFITH RICHARD 705

Mailing Address **PO BOX 91610**

City **LAFAYETTE** State **LA** Zip Code **70509**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11AI.6622**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

14020250082

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR GRIFFITH RICHARD 705

Mailing Address **PO BOX 91610**

City **LAFAYETTE** State **LA** Zip Code **70509**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : **SA11A1.8615**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LARRY RICHARDS 342

Mailing Address **6256 WEYMOUTH DRIVE**

City **SARASOTA** State **FL** Zip Code **34238**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KEY SOLUTIONS RE GROUP** Occupation **COMMERCIAL REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : **SA11A1.10172**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MISS MONTE RICHARDSON 288

Mailing Address **29 HIGHBRIDGE XING APT 3301**

City **ASHEVILLE** State **NC** Zip Code **28803**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : **SA11A1.6624**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

250.00

1402025003

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MISS MONTE RICHARDSON 288

Mailing Address **29 HIGHBRIDGE XING APT 3301**

City **ASHEVILLE** State **NC** Zip Code **28803**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : **SA11AI.8618**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS JUDITH A RISSI 928

Mailing Address **5531 VIA ONTIVEROS**

City **YORBA LINDA** State **CA** Zip Code **92887**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : **SA11AI.10184**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR GREGORY N ROBERTS 030

Mailing Address **9 CARDINAL CT**

City **MERRIMACK** State **NH** Zip Code **03054**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEDFORD** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2014

Transaction ID : **SA11AI.10192**

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

14020250084

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS WILLIAM H ROBERTS 038

Mailing Address **PO BOX 244**

City **STRATHAM** State **NH** Zip Code **03885**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
03 / 21 / 2014

Transaction ID : **SA11AI.8625**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS PAMELA ROGERS 018

Mailing Address **356 MAIN STREET**

City **HAVERHILL** State **MA** Zip Code **01830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
02 / 04 / 2014

Transaction ID : **SA11AI.10194**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR THOMAS W SAVAGE 330

Mailing Address **24 DOCKSIDE LANE
APT 451**

City **KEY LARGO** State **FL** Zip Code **33037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
01 / 10 / 2014

Transaction ID : **SA11AI.10222**

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

14020250085

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 83	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
PETER SCHWEITZER 337

Mailing Address **9250 136TH WAY NORTH**

City SEMINOLE	State FL	Zip Code 33776
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED
--	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM	DD	YYYY
03	10	2014

Transaction ID : **SA11AI.10244**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAVID SCOTT 038

Mailing Address **220 BACK ROAD**

City DOVER	State NH	Zip Code 03820
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation REAL ESTATE CONSULTANT
------------------------------------	---

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt

MM	DD	YYYY
03	05	2014

Transaction ID : **SA11AI.10251**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR ALEXANDER SHIVELY 223

Mailing Address **9115 Volunteer Dr**

City ALEXANDRIA	State VA	Zip Code 22309
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITOL HILL	Occupation CONGRESSIONAL STAFF
---	--

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM	DD	YYYY
01	24	2014

Transaction ID : **SA11AI.10279**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

14020250086

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR HERBERT J SIEGEL 100

Mailing Address **55 E 59TH STREET
SUITE 22B**

City **NEW YORK** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
02 / 21 / 2014

Transaction ID : **SA11AI.10287**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS ANNETTE SIMMONS 752

Mailing Address **5915 DELOACHE**

City **DALLAS** State **TX** Zip Code **75225**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11AI.10297**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MRS ELENOR SMITH 060

Mailing Address **100 BREEZY HILL RD**

City **COLLINSVILLE** State **CT** Zip Code **06019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
MM / DD / YYYY
02 / 27 / 2014

Transaction ID : **SA11AI.6888**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

14020250087

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS ELENOR SMITH 060

Mailing Address **100 BREEZY HILL RD**

City **COLLINSVILLE** State **CT** Zip Code **06019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11A1.8719**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS BARBARA J SMITH 582

Mailing Address **3222 E HAMPSHIRE AVE**

City **MILWAUKEE** State **WI** Zip Code **58211**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : **SA11A1.10313**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM B SNYDER 337

Mailing Address **555 5TH AVE NE PH 2**

City **SAINT PETERSBURG** State **FL** Zip Code **33701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : **SA11A1.6914**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

14020250088

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MS DEBORAH STEWART 770

Mailing Address **6249 CHEVY CHASE**

City HOUSTON	State TX	Zip Code 77057
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
---------------------------------	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : **SA11A1.10355**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM C STUTT 329

Mailing Address **455 COCONUT PALM RD**

City VERO BEACH	State FL	Zip Code 32963
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
---------------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : **SA11A1.8775**

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL E THOMAS 306

Mailing Address **1040 HASTINGS CT**

City GREENSBORO	State GA	Zip Code 30642
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GEORGIA TECH	Occupation PROFESSOR
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **SA11A1.7112**

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

14020250089

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR MICHAEL E THOMAS 306

Mailing Address 1040 HASTINGS CT

City Greensboro State GA Zip Code 30642

FEC ID number of contributing federal political committee. C

Name of Employer GEORGIA TECH Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SA11A1.7113

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR ALAN B THOMAS 857

Mailing Address 1798 W PLACITA DE OCAMPO

City Tucson State AZ Zip Code 85704

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2014

Transaction ID : SA11A1.8807

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JOHN UNKLES 334

Mailing Address 3474 LANTERN BAY DR

City Jupiter State FL Zip Code 33477

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2014

Transaction ID : SA11A1.8842

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

350.00

14020250090

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
ROBERT VAN DEVENDER 334

Mailing Address **PO BOX 1505**

City **JUPITER** State **FL** Zip Code **33468**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BT UTILITY SPECIALISTS** Occupation **ENGINEERING CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2014

Transaction ID : **SA11A1.10447**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS FRANCES C VAUGHN 336

Mailing Address **67 LADOGA AVE**

City **TAMPA** State **FL** Zip Code **33606**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : **SA11A1.10457**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS ROSA G WEINSTEIN 221

Mailing Address **7717 GOERGETOWN PIKE**

City **MCCLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **236.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : **SA11A1.10497**

Amount of Each Receipt this Period
236.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

736.00

14020250091

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 83
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR HAROLD W WELLS III 284

Mailing Address P O BOX 2320

City State Zip Code
 WILMINGTON NC 28402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 HAROLD WELLS & SON INC INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 MM / DD / YYYY
 02 / 27 / 2014

Transaction ID : SA11AI.10503

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR SAMUEL WIEGAND 895

Mailing Address 6584 CHAMPETRE CT

City State Zip Code
 RENO NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 WIEGAND CHARITABLE TRUST TRUSTEE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 MM / DD / YYYY
 02 / 24 / 2014

Transaction ID : SA11AI.7352

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR SAMUEL WIEGAND 895

Mailing Address 6584 CHAMPETRE CT

City State Zip Code
 RENO NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 WIEGAND CHARITABLE TRUST TRUSTEE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 MM / DD / YYYY
 02 / 24 / 2014

Transaction ID : SA11AI.8922

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

14020250092

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MR JOHN I WILLIAMS 334 JR

Mailing Address **166 W ALEXANDER PALM RD**

City **BOCA RATON** State **FL** Zip Code **33432**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WAG** Occupation **AUTO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **SA11A1.7371**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR JAMES WISE 731 MD

Mailing Address **3401 HICKORY STICK RD**

City **OKLAHOMA CITY** State **OK** Zip Code **73120**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014

Transaction ID : **SA11A1.7397**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR JAMES WISE 731 MD

Mailing Address **3401 HICKORY STICK RD**

City **OKLAHOMA CITY** State **OK** Zip Code **73120**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
MM / DD / YYYY
02 / 24 / 2014

Transaction ID : **SA11A1.8947**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

76907.25

14020250093

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 83
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
AMERICA'S PAC

Mailing Address **11 N CARLISLE ST
SUITE 202**

City **GREENCASTLE** State **PA** Zip Code **17225**

FEC ID number of contributing federal political committee. **C00184143**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 12 / 2014

Transaction ID : **SA11C.10595**

Amount of Each Receipt this Period
500.00
POLITICAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE MAJORITY FUND

Mailing Address **2776 S ARLINGTON MILL DRIVE #806**

City **ARLINGTON** State **VA** Zip Code **22206**

FEC ID number of contributing federal political committee. **C00524454**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SA11C.10596**

Amount of Each Receipt this Period
2500.00
POLITICAL CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address **1250 EYE STREET NW #400**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00030734**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
01 / 24 / 2014

Transaction ID : **SA11C.10593**

Amount of Each Receipt this Period
500.00
POLITICAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

14020250094

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 83
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
THE TEA PARTY LEADERSHIP FUND

Mailing Address **717 KING STREET**
SUITE 300

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00520825**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
01 / 24 / 2014

Transaction ID : **SA11C.10594**

Amount of Each Receipt this Period
1000.00
POLITICAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

4500.00

14020250095

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. AIR TRAN AIRWAYS

Mailing Address 9955 AIRTRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
SEN SMITH REIMB FOR TRAVEL

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period
388.60

Transaction ID : SB17.7540

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ALLEGRA PRINTING

Mailing Address 45668 TERMINAL DR

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period
227.02

Transaction ID : SB17.7474

Full Name (Last, First, Middle Initial)
C. BANK OF AMERICA

Mailing Address 356 DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
MERCHANT SERVICE CHARGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period
123.03

Transaction ID : SB17.7475

SUBTOTAL of Disbursements This Page (optional) 350.05

TOTAL This Period (last page this line number only)

14020250096

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)
 Mailing Address **356 DANIEL WEBSTER HWY**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
BANK CHARGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 10 / 2014

Amount of Each Disbursement this Period
 10.00

Transaction ID : **SB17.7476**

Category/Type
001

B. BASE CONNECT INC

Full Name (Last, First, Middle Initial)
 Mailing Address **1155 - 15TH ST NW SUITE 410**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement
DIRECT MAIL - CREATIVE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period
 3332.56

Transaction ID : **SB17.4249**

Category/Type
003

C. BURT'S SIGNS

Full Name (Last, First, Middle Initial)
 Mailing Address **7 BAY ST**

City **GOFFSTOWN** State **NH** Zip Code **03045**

Purpose of Disbursement
YARD SIGNS

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
03 / 21 / 2014

Amount of Each Disbursement this Period
 296.00

Transaction ID : **SB17.7480**

Category/Type
004

SUBTOTAL of Disbursements This Page (optional)..... 3638.56

TOTAL This Period (last page this line number only).....

14020250097

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. BURT'S SIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 7 BAY ST

City GOFFSTOWN State NH Zip Code 03045

Purpose of Disbursement YARD SIGNS

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM / DD / YYYY
03 / 21 / 2014

Amount of Each Disbursement this Period: 245.00

Transaction ID : SB17.7481

Category/Type: 004

B. CAPITAL CAGING CORP

Full Name (Last, First, Middle Initial)
Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement BRE ACCOUNT

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM / DD / YYYY
01 / 24 / 2014

Amount of Each Disbursement this Period: 700.00

Transaction ID : SB17.4233

Category/Type: 001

C. CAPITAL CAGING CORP

Full Name (Last, First, Middle Initial)
Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement CAGING SERVICES

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period: 1.05

Transaction ID : SB17.4232

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 946.05

TOTAL This Period (last page this line number only).....

14020250098

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. CAPITAL COPY

Mailing Address 1 EAGLE SQUARE

City CONCORD State NH Zip Code 03301

Purpose of Disbursement PRINTING

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Amount of Each Disbursement this Period
 705.00

Transaction ID : SB17.7482

Category/ Type
 001

Full Name (Last, First, Middle Initial)
B. CENTURY DATA MAILING SERVICE

Mailing Address 1155 - 15TH ST NW SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement DIRECT MAIL - POSTAGE

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Amount of Each Disbursement this Period
 5254.42

Transaction ID : SB17.4234

Category/ Type
 003

Full Name (Last, First, Middle Initial)
C. CENTURY DATA MAILING SERVICE

Mailing Address 1155 - 15TH ST NW SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement DIRECT MAIL - POSTAGE

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Amount of Each Disbursement this Period
 10015.37

Transaction ID : SB17.4235

Category/ Type
 003

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15974.79

14020250099

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. CENTURY DATA MAILING SERVICE

Mailing Address 1155 - 15TH ST NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement DIRECT MAIL - POSTAGE
Category/Type **003**

Candidate Name **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period
24081.22

Transaction ID : SB17.4236

Full Name (Last, First, Middle Initial)
B. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH ST NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement DATA PROCESSING
Category/Type **001**

Candidate Name **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 25 / 2014

Amount of Each Disbursement this Period
2476.13

Transaction ID : SB17.4237

Full Name (Last, First, Middle Initial)
C. COMCAST

Mailing Address 460 AMHERST ST

City NASHUA State NH Zip Code 03063

Purpose of Disbursement CABLE INTERNET
Category/Type **001**

Candidate Name **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period
228.51

Transaction ID : SB17.7483

SUBTOTAL of Disbursements This Page (optional) 26785.86

TOTAL This Period (last page this line number only)

14020250100

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. MR TIMOTHY P COMERFORD 030

Mailing Address **34 SOUTH RD**

City **FREMONT** State **NH** Zip Code **03044**

Purpose of Disbursement
CONSULTING - FIELD WORK

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
02 / 07 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : **SB17.7570**

Category/ Type
001

Full Name (Last, First, Middle Initial)
B. CONSOLIDATED MAILING SERVICE

Mailing Address **504 SHAW RD
SUITE 206**

City **STERLING** State **VA** Zip Code **20166**

Purpose of Disbursement
DIRECT MAIL - PRINTING & MAILSHOP

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
02 / 25 / 2014

Amount of Each Disbursement this Period
8339.14

Transaction ID : **SB17.4248**

Category/ Type
003

Full Name (Last, First, Middle Initial)
C. COUNTRY INNS & SUITES

Mailing Address **250 S RIVER RD**

City **BEDFORD** State **NH** Zip Code **03110**

Purpose of Disbursement
SAM PIMM REIMB FOR LODGING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
03 / 24 / 2014

Amount of Each Disbursement this Period
899.25

Transaction ID : **SB17.7532**

Category/ Type
002

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

9339.14

14020250101

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial) A. CROSS INSURANCE CO		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 155 CROSS ST		Amount of Each Disbursement this Period 692.00 Transaction ID : SB17.7484
City LACONIA	State NH	
Purpose of Disbursement OFFICE INSURANCE		Category/ Type 001
Candidate Name ROBERT SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

Full Name (Last, First, Middle Initial) B. DONOR BUREAU		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 1900 N CULPEPPER ST		Amount of Each Disbursement this Period 703.64 Transaction ID : SB17.4238
City ARLINGTON	State VA	
Purpose of Disbursement DIRECT MAIL - LIST ENHANCEMENT		Category/ Type 003
Candidate Name ROBERT SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 23330 AUTOPILOT DR		Amount of Each Disbursement this Period 398.22 Transaction ID : SB17.7538 [MEMO ITEM]
City DULLES	State VA	
Purpose of Disbursement SEN SMITH REIMB FOR TRAVEL		Category/ Type 002
Candidate Name ROBERT SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1395.64
TOTAL This Period (last page this line number only).....	

14020250102

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 83
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. ENTERPRISE RENT-A-CAR

Mailing Address 23330 AUTOPILOT DR

City DULLES State VA Zip Code 20166

Purpose of Disbursement
AUTO RENTAL

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period
237.31

Transaction ID : SB17.7487

Full Name (Last, First, Middle Initial)
B. ENTERPRISE RENT-A-CAR

Mailing Address 23330 AUTOPILOT DR

City DULLES State VA Zip Code 20166

Purpose of Disbursement
TOLLS

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2014

Amount of Each Disbursement this Period
6.79

Transaction ID : SB17.7488

Full Name (Last, First, Middle Initial)
C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
CUSTOM CREDIT BILLING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 03 / 2014

Amount of Each Disbursement this Period
199.00

Transaction ID : SB17.4241

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

443.10

14020250103

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

Date of Disbursement

MM	DD	YYYY
02	06	2014

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

38.25

Purpose of Disbursement
CUSTOM CREDIT BILLING

001

Transaction ID : SB17.4242

Candidate Name
ROBERT SMITH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

Date of Disbursement

MM	DD	YYYY
02	10	2014

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

53.90

Purpose of Disbursement
MERCHANT SERVICE CHARGE

001

Transaction ID : SB17.4244

Candidate Name
ROBERT SMITH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

Date of Disbursement

MM	DD	YYYY
03	03	2014

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

138.76

Purpose of Disbursement
SERVICE CHARGE

001

Transaction ID : SB17.4240

Candidate Name
ROBERT SMITH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

230.91

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14020250104

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
 FAIRFAX VA 22030

Purpose of Disbursement
 CUSTOM CREDIT BILLING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 03 / 07 / 2014

Amount of Each Disbursement this Period
 73.50

Transaction ID : SB17.4243

Full Name (Last, First, Middle Initial)
B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
 FAIRFAX VA 22030

Purpose of Disbursement
 MERCHANT SERVICE CHARGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 03 / 10 / 2014

Amount of Each Disbursement this Period
 454.39

Transaction ID : SB17.4245

Full Name (Last, First, Middle Initial)
C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
 FAIRFAX VA 22030

Purpose of Disbursement
 SERVICE CHARGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 03 / 31 / 2014

Amount of Each Disbursement this Period
 12.00

Transaction ID : SB17.7590

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

539.89

14020250105

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial) A. JOHN LEE 330		Date of Disbursement MM / DD / YYYY 02 / 22 / 2014
Mailing Address 24 DOCKSIDE LN		Amount of Each Disbursement this Period 1021.25 Transaction ID : SB17.7459
City KEY LARGO	State FL	
Zip Code 33037	Purpose of Disbursement In-kind - CARDSOUND CLUB EVENT CATERING	Category/ Type 003
Candidate Name ROBERT SMITH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 00	

Full Name (Last, First, Middle Initial) B. LIBERTY UTILITIES		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address PO BOX 1380		Amount of Each Disbursement this Period 272.48 Transaction ID : SB17.7500
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement OFFICE UTILITIES	Category/ Type 001
Candidate Name ROBERT SMITH	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 00	

Full Name (Last, First, Middle Initial) C. LIBERTY UTILITIES		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address PO BOX 1380		Amount of Each Disbursement this Period 190.07 Transaction ID : SB17.7501
City LONDONDERRY	State NH	
Zip Code 03053	Purpose of Disbursement OFFICE UTILITIES	Category/ Type 001
Candidate Name ROBERT SMITH	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 00	

SUBTOTAL of Disbursements This Page (optional)	1483.80
TOTAL This Period (last page this line number only)	

14020250106

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
REIMB FOR SCANNER, PRINTING & QB ONLINE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
934.34

Transaction ID : SB17.7502

Category/
Type
001

Full Name (Last, First, Middle Initial)
B. PAT MILLER

Mailing Address 10 FOUR SEASONS LN

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
REIMB FOR OFFICE SUPPLIES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 07 / 2014

Amount of Each Disbursement this Period
113.62

Transaction ID : SB17.7511

Category/
Type
001

Full Name (Last, First, Middle Initial)
C. NH REPUBLICAN PARTY

Mailing Address 10 WATER ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
NE LEADERSHIP CONFERENCE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
03 / 24 / 2014

Amount of Each Disbursement this Period
1200.00

Transaction ID : SB17.7514

Category/
Type
007

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2247.96

14020250107

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. PAPERGRAPHICS

Mailing Address **4 JOHN TYLER ST**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
MACKENZIE & CO REIMB: PRINTING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
560.81

Transaction ID : **SB17.7507**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. KENNETH PARK 030

Mailing Address **PO BOX 1473**

City **SALEM** State **NH** Zip Code **03079**

Purpose of Disbursement
In-kind - PHOTOGRAPHY

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
400.00

Transaction ID : **SB17.7586**

Full Name (Last, First, Middle Initial)
C. PAYPAL

Mailing Address **2211 NORTH FIRST ST**

City **SAN JOSE** State **CA** Zip Code **95131**

Purpose of Disbursement
PROCESSING CHARGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2014

Amount of Each Disbursement this Period
300.00

Transaction ID : **SB17.7515**

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

14020250108

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. PAYPAL

Mailing Address **2211 NORTH FIRST ST**

City **SAN JOSE** State **CA** Zip Code **95131**

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name
FRIENDS OF SENATOR BOB SMITH

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2014

Amount of Each Disbursement this Period
23.72

Transaction ID : **SB17.7587**

Category/Type
001

Full Name (Last, First, Middle Initial)
B. SAM PIMM

Mailing Address **PO BOX 21**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
CONSULTING - CAMPAIGN MANAGEMENT

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period
7500.00

Transaction ID : **SB17.7529**

Category/Type
001

Full Name (Last, First, Middle Initial)
C. SAM PIMM

Mailing Address **PO BOX 21**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
CONSULTING - CAMPAIGN MANAGEMENT

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
02 / 07 / 2014

Amount of Each Disbursement this Period
5000.00

Transaction ID : **SB17.7530**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12523.72

14020250109

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. SAM PIMM

Full Name (Last, First, Middle Initial)
Mailing Address **PO BOX 21**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
REIMB FOR LODGING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 24 / 2014

Amount of Each Disbursement this Period
899.25

Transaction ID : **SB17.7531**

Category/Type
002

B. SAM PIMM

Full Name (Last, First, Middle Initial)
Mailing Address **PO BOX 21**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
CONSULTING - CAMPAIGN MANAGEMENT

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 24 / 2014

Amount of Each Disbursement this Period
5000.00

Transaction ID : **SB17.7534**

Category/Type
001

C. PRINT NH LLC

Full Name (Last, First, Middle Initial)
Mailing Address **40 DOW ST**

City **MANCHESTER** State **NH** Zip Code **03101**

Purpose of Disbursement
PRINTING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2014

Amount of Each Disbursement this Period
205.52

Transaction ID : **SB17.7521**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional) **6104.77**

TOTAL This Period (last page this line number only)

14020250110

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. FRANK REYNOLDS

Full Name (Last, First, Middle Initial)
Mailing Address 52 SPRING RD

City AMHERST State NH Zip Code 03031

Purpose of Disbursement
RENT: 1ST & LAST MO + DEPOSIT

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2014

Amount of Each Disbursement this Period
5400.00

Transaction ID : SB17.7492

Category/Type
001

B. FRANK REYNOLDS

Full Name (Last, First, Middle Initial)
Mailing Address 52 SPRING RD

City AMHERST State NH Zip Code 03031

Purpose of Disbursement
NEW DOOR LOCKS

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2014

Amount of Each Disbursement this Period
125.00

Transaction ID : SB17.7493

Category/Type
001

C. FRANK REYNOLDS

Full Name (Last, First, Middle Initial)
Mailing Address 52 SPRING RD

City AMHERST State NH Zip Code 03031

Purpose of Disbursement
OFFICE RENT

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 07 / 2014

Amount of Each Disbursement this Period
1800.00

Transaction ID : SB17.7494

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7325.00

14020250111

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. FRANK REYNOLDS

Mailing Address **52 SPRING RD**

City **AMHERST** State **NH** Zip Code **03031**

Purpose of Disbursement
OFFICE RENT 001
 Category/Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period
 1800.00

Transaction ID : **SB17.7495**

Full Name (Last, First, Middle Initial)
B. PETER SCHWEITZER

Mailing Address **9250 - 136TH WAY NORTH**

City **SEMINOLE** State **FL** Zip Code **33776**

Purpose of Disbursement
CONSULTING - PUBLIC RELATIONS 001
 Category/Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 M M / D D / Y Y Y Y
01 / 20 / 2014

Amount of Each Disbursement this Period
 3000.00

Transaction ID : **SB17.7516**

Full Name (Last, First, Middle Initial)
C. PETER SCHWEITZER

Mailing Address **9250 - 136TH WAY NORTH**

City **SEMINOLE** State **FL** Zip Code **33776**

Purpose of Disbursement
CONSULTING - PUBLIC RELATIONS 001
 Category/Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 M M / D D / Y Y Y Y
01 / 22 / 2014

Amount of Each Disbursement this Period
 3000.00

Transaction ID : **SB17.7517**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7800.00

14020250112

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 83
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. PETER SCHWEITZER
Full Name (Last, First, Middle Initial)
Mailing Address 9250 - 136TH WAY NORTH
City SEMINOLE State FL Zip Code 33776
Purpose of Disbursement CONSULTING - PUBLIC RELATIONS
Candidate Name ROBERT SMITH
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2014
Amount of Each Disbursement this Period
2500.00
Transaction ID : SB17.7518
Category/ Type
001

B. PETER SCHWEITZER
Full Name (Last, First, Middle Initial)
Mailing Address 9250 - 136TH WAY NORTH
City SEMINOLE State FL Zip Code 33776
Purpose of Disbursement MILEAGE REIMBURSEMENT
Candidate Name ROBERT SMITH
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2014
Amount of Each Disbursement this Period
30.00
Transaction ID : SB17.7519
Category/ Type
001

C. PETER SCHWEITZER
Full Name (Last, First, Middle Initial)
Mailing Address 9250 - 136TH WAY NORTH
City SEMINOLE State FL Zip Code 33776
Purpose of Disbursement MILEAGE & TRAVEL REIMBURSEMENT
Candidate Name ROBERT SMITH
Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)
State: NH District: 00

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2014
Amount of Each Disbursement this Period
448.95
Transaction ID : SB17.7520
Category/ Type
001

SUBTOTAL of Disbursements This Page (optional).....
TOTAL This Period (last page this line number only).....

2978.95

14020250113

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 83
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. SIR SPEEDY

Mailing Address **3939 S TAMIAMI TRAIL**

City **SARASOTA** State **FL** Zip Code **34231**

Purpose of Disbursement
PRINTING

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
01 / 14 / 2014

Amount of Each Disbursement this Period
656.54

Transaction ID : **SB17.7543**

Category/Type
006

Full Name (Last, First, Middle Initial)
B. ROBERT SMITH

Mailing Address **PO BOX 21**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
REIMB FOR POSTAGE & TRAVEL

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period
2371.77

Transaction ID : **SB17.7536**

Category/Type
002

Full Name (Last, First, Middle Initial)
C. SOUTHWEST AIRLINES

Mailing Address **PO BOX 36647-1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
AIRFARE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
59.00

Transaction ID : **SB17.7545**

Category/Type
002

SUBTOTAL of Disbursements This Page (optional)..... **3087.31**

TOTAL This Period (last page this line number only).....

14020250114

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 36647-1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
AIRFARE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
59.00

Transaction ID : **SB17.7546**

B. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 36647-1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
AIRFARE - BAGGAGE FEE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
12.50

Transaction ID : **SB17.7553**

C. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 36647-1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
AIRFARE - BAGGAGE FEE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
12.50

Transaction ID : **SB17.7554**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

84.00

14020250115

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014	
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 12.50	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB17.7555
Purpose of Disbursement AIRFARE - BAGGAGE FEE		Category/ Type 002	
Candidate Name ROBERT SMITH		Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NH	District: 00		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014	
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 229.00	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB17.7547
Purpose of Disbursement AIRFARE		Category/ Type 002	
Candidate Name ROBERT SMITH		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NH	District: 00		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014	
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 229.00	
City DALLAS	State TX	Zip Code 75235	Transaction ID : SB17.7548
Purpose of Disbursement AIRFARE		Category/ Type 002	
Candidate Name ROBERT SMITH		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NH	District: 00		

SUBTOTAL of Disbursements This Page (optional)	470.50
TOTAL This Period (last page this line number only)	

14020250116

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 221.00 Transaction ID : SB17.7549
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name ROBERT SMITH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NH District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.7550
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIRFARE 002 Category/Type	
Candidate Name ROBERT SMITH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NH District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO BOX 36647-1CR		Amount of Each Disbursement this Period 12.50 Transaction ID : SB17.7556
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIRFARE - BAGGAGE FEE 002 Category/Type	
Candidate Name ROBERT SMITH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: NH District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	323.50
TOTAL This Period (last page this line number only)	

14020250117

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement						
Mailing Address PO BOX 36647-1CR		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y</td></tr><tr><td>02</td><td>06</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y	02	06	2014
M M M	D D D	Y Y Y Y Y						
02	06	2014						
City DALLAS	State TX	Zip Code 75235						
Purpose of Disbursement AIRFARE - BAGGAGE FEE		Amount of Each Disbursement this Period						
Candidate Name ROBERT SMITH		<table border="1"><tr><td>002</td></tr></table>	002					
002								
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7557						
State: NH	District: 00							

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement						
Mailing Address PO BOX 36647-1CR		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y</td></tr><tr><td>03</td><td>10</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y	03	10	2014
M M M	D D D	Y Y Y Y Y						
03	10	2014						
City DALLAS	State TX	Zip Code 75235						
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period						
Candidate Name ROBERT SMITH		<table border="1"><tr><td>002</td></tr></table>	002					
002								
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7551						
State: NH	District: 00							

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement						
Mailing Address PO BOX 36647-1CR		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y</td></tr><tr><td>03</td><td>13</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y	03	13	2014
M M M	D D D	Y Y Y Y Y						
03	13	2014						
City DALLAS	State TX	Zip Code 75235						
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period						
Candidate Name ROBERT SMITH		<table border="1"><tr><td>002</td></tr></table>	002					
002								
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.7552						
State: NH	District: 00							

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

796.50

14020250118

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 36647-1CR**

City **DALLAS** State **TX** Zip Code **75235**

Purpose of Disbursement
AIRFARE - BAGGAGE FEE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
03 / 13 / 2014

Amount of Each Disbursement this Period
12.50

Transaction ID : **SB17.7558**

Category/Type
002

B. STAPLES

Full Name (Last, First, Middle Initial)
 Mailing Address **1525 S WILLOW ST**

City **MANCHESTER** State **NH** Zip Code **03103**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
376.96

Transaction ID : **SB17.7561**

Category/Type
001

C. STAPLES

Full Name (Last, First, Middle Initial)
 Mailing Address **1525 S WILLOW ST**

City **MANCHESTER** State **NH** Zip Code **03103**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 24 / 2014

Amount of Each Disbursement this Period
25.78

Transaction ID : **SB17.7562**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

415.24

14020250119

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. STAPLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1525 S WILLOW ST
 City MANCHESTER State NH Zip Code 03103
 Purpose of Disbursement OFFICE SUPPLIES
 Candidate Name ROBERT SMITH
 Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)
 State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 02 / 24 / 2014
 Amount of Each Disbursement this Period
 29.99
 Transaction ID : SB17.7563
 Category/ Type
 001

B. STAPLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1525 S WILLOW ST
 City MANCHESTER State NH Zip Code 03103
 Purpose of Disbursement OFFICE SUPPLIES
 Candidate Name ROBERT SMITH
 Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)
 State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 03 / 04 / 2014
 Amount of Each Disbursement this Period
 27.07
 Transaction ID : SB17.7564
 Category/ Type
 001

C. TANDY'S TOP SHELF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 EAGLE SQUARE
 City CONCORD State NH Zip Code 03301
 Purpose of Disbursement NH REPRESENTATIVES LUNCH
 Candidate Name ROBERT SMITH
 Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)
 State: NH District: 00

Date of Disbursement
 MM / DD / YYYY
 01 / 28 / 2014
 Amount of Each Disbursement this Period
 273.98
 Transaction ID : SB17.7565
 Category/ Type
 007

SUBTOTAL of Disbursements This Page (optional).....
TOTAL This Period (last page this line number only).....

331.04

14020250120

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 83
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. THE NEAT COMPANY

Mailing Address 1601 MARKET ST
SUITE 3500

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
MACKENZIE & CO REIMB: SCANNER

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period
351.97

Transaction ID : SB17.7504

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US POSTAL SERVICE

Mailing Address DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
POSTAGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
01 / 08 / 2014

Amount of Each Disbursement this Period
322.00

Transaction ID : SB17.7571

Full Name (Last, First, Middle Initial)
C. US POSTAL SERVICE

Mailing Address DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
POSTAGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period
46.00

Transaction ID : SB17.7572

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

368.00

14020250121

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)

A. US POSTAL SERVICE

Mailing Address DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
POSTAGE

001
Category/
Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

5.60

Transaction ID : SB17.7573

Full Name (Last, First, Middle Initial)

B. US POSTAL SERVICE

Mailing Address DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
SEN SMITH REIMB FOR POSTAGE

001
Category/
Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2014

Amount of Each Disbursement this Period

273.65

Transaction ID : SB17.7537

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US POSTAL SERVICE

Mailing Address DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
POSTAGE

001
Category/
Type

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period

9.50

Transaction ID : SB17.7574

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.10

14020250122

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 83
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

Full Name (Last, First, Middle Initial)
A. US POSTAL SERVICE

Mailing Address **DANIEL WEBSTER HWY**

City: **MERRIMACK** State: **NH** Zip Code: **03054**

Purpose of Disbursement: **POSTAGE** 001 Category/Type

Candidate Name: **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 06 / 2014

Amount of Each Disbursement this Period
6.20

Transaction ID : **SB17.7575**

Full Name (Last, First, Middle Initial)
B. US POSTAL SERVICE

Mailing Address **DANIEL WEBSTER HWY**

City: **MERRIMACK** State: **NH** Zip Code: **03054**

Purpose of Disbursement: **POSTAGE** 001 Category/Type

Candidate Name: **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2014

Amount of Each Disbursement this Period
147.00

Transaction ID : **SB17.7576**

Full Name (Last, First, Middle Initial)
C. US POSTAL SERVICE

Mailing Address **DANIEL WEBSTER HWY**

City: **MERRIMACK** State: **NH** Zip Code: **03054**

Purpose of Disbursement: **POSTAGE** 001 Category/Type

Candidate Name: **ROBERT SMITH**

Office Sought: House Senate President
Disbursement For: 2014 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2014

Amount of Each Disbursement this Period
245.00

Transaction ID : **SB17.7577**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

398.20

14020250123

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. US POSTAL SERVICE

Full Name (Last, First, Middle Initial)
 Mailing Address **DANIEL WEBSTER HWY**

City **MERRIMACK** State **NH** Zip Code **03054**

Purpose of Disbursement
POSTAGE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
03 / 27 / 2014

Amount of Each Disbursement this Period
38.07

Transaction ID : **SB17.7578**

Category/Type
001

B. WAL-MART

Full Name (Last, First, Middle Initial)
 Mailing Address **17 COLBY CT**

City **BEDFORD** State **NH** Zip Code **03110**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 13 / 2014

Amount of Each Disbursement this Period
96.08

Transaction ID : **SB17.7581**

Category/Type
001

C. WAL-MART

Full Name (Last, First, Middle Initial)
 Mailing Address **17 COLBY CT**

City **BEDFORD** State **NH** Zip Code **03110**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: **NH** District: **00**

Date of Disbursement
 MM / DD / YYYY
01 / 15 / 2014

Amount of Each Disbursement this Period
5.84

Transaction ID : **SB17.7582**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... **139.99**

TOTAL This Period (last page this line number only).....

14020250124

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. YOUR LOGO WORKS LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2096

City AIKEN State SC Zip Code 29802

Purpose of Disbursement LOGO

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: 03 / 05 / 2014

Amount of Each Disbursement this Period: 407.00

Transaction ID : SB17.7583

Category/Type: 001

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 407.00

TOTAL This Period (last page this line number only)..... 107644.57

14020250125

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
FRIENDS OF SENATOR BOB SMITH

A. JOE KENNEY FOR EXECUTIVE COUNCIL

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 201

City UNION State NH Zip Code 03887

Purpose of Disbursement CONTRIBUTION

Candidate Name ROBERT SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB21.7497

Category/Type: 012

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 500.00

TOTAL This Period (last page this line number only)..... 500.00

14020250126

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BASE CONNECT INC

Nature of Debt (Purpose):
DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH ST NW
SUITE 410

City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4246

Amount Incurred This Period

8510.30

Payment This Period

3332.56

Outstanding Balance at Close of This Period

5177.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COLORTREE

Nature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8000 VILLA PARK DR

City State Zip Code
RICHMOND VA 23228

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10597

Amount Incurred This Period

8354.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

8354.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CONSOLIDATED MAILING SERVICE

Nature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 504 SHAW RD
SUITE 206

City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4247

Amount Incurred This Period

19971.21

Payment This Period

8339.14

Outstanding Balance at Close of This Period

11632.07

1) **SUBTOTALS** This Period This Page (optional) ..

25164.06

2) **TOTALS** This Period (last page this line number) ..

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

14020250127

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MARKETING INC

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH ST NW
SUITE 410

City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10599

Amount Incurred This Period

11660.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

11660.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..

11660.13

2) **TOTALS** This Period (last page this line number only) ...

36824.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

36824.19

14020250126

**PRIORITY MAIL EXPRESS
POSTAGE REQUIRED**

**SCREENED
BY THE SENATE
POST OFFICE**

U.S. POSTAGE
ALEXANDRIA, VA
989 2502
RHD/LM/14
\$19.15



**UNITED STATES
POSTAL SERVICE**
**PRIORITY
MAIL
EXPRESS**

BSS/SLS/MS/LMS/LTS/DSS/LTVA

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

**INTERNATIONALLY,
DECLARATION
BE REQUIRED.**



CUSTOMER USE ONLY

FROM: (PLEASE PRINT)
 PHONE: 703 868-1774
 SCOTT MACKENZIE
 2776 S ALLYNWOOD DR
 NW
 ARLINGTON, VA 22206

PAYMENT BY ACCOUNT (if applicable)
 USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED: Note: The mailer must check the "Signature Required" box if the addressee requires the addressee's signature. OR (2) Purchases a return restriction: OR (3) Purchases COD service: OR (4) Purchases Return Receipt service: If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)
 PHONE: _____
 OFFICE OF PUBLIC RECORDS
 PO BOX 77578
 WASHINGTON DC 20013-7578
 ZIP+4® (U.S. ADDRESSES ONLY)

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day
 2-Day
 Scheduled Delivery Date (IMMEDIATE)
 Military
 DPO

PO ZIP Code: 22206
 Date Accepted (IMMEDIATE): 02/11/14
 Scheduled Delivery Time: 12:00 PM
 Time Accepted: 01:33 PM
 Weight: 1.33 lbs
 Insurance Fee: \$19.15
 COD Fee: \$0.00
 Delivery Absence (IMMEDIATE): 4-16-14
 Time: 7:40 AM
 Employee Signature: [Signature]
 Employee Signature: [Signature]

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 \$100.00 insurance included.

* Money Back Guarantee to U.S., select APO/FPO/DPO, and select International destinations. See DIMM and IMM at ps.usps.com for complete details.
 † Money Back Guarantee for U.S. destinations only.

6210520209T

NANCY ERICKSON
SECRETARY

ANA K. MCCALLUM
SUPERINTENDENT
HARRIS WASTE OFFICE BUILDING
SUITE 232
WASHINGTON, DE 20510-71
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 4/15/14 _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

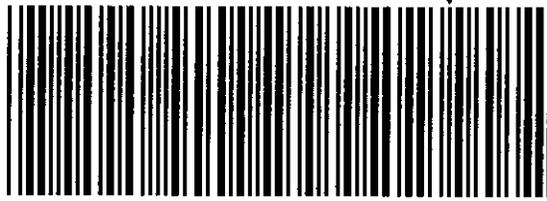
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

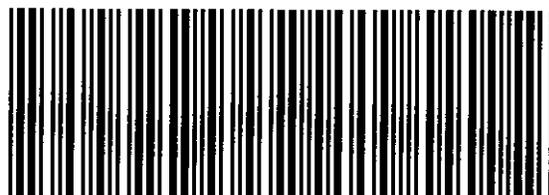
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/16/14

14020250130



SEN PATCH



SEN PATCH

14020250131