

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Committee To Reelect Congressman Chris Smith

ADDRESS (number and street) P.O. Box 3184
 Check if different than previously reported. (ACC)
Hamilton NJ 08619

2. **FEC IDENTIFICATION NUMBER** C00096412
IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NJ 04

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 05 15 2008 through 06 30 2008

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 Constance Carey
Signature of Treasurer Electronically Filed by Constance Carey Date 07 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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))..... | 103966.78 | 551436.38 |
| (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))..... | 103966.78 | 551436.38 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 47161.69 | 284447.43 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 664.24 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 47161.69 | 283783.19 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 503944.91 | |
| 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)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Committee To Reelect Congressman Chris Smith

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

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).....

56549.95

214837.15

(ii) Unitemized.....

40766.83

204649.23

(iii) TOTAL of contributions

97316.78

419486.38

from individuals..... ▶

0.00

1800.00

(b) Political Party Committees.....

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

6650.00

130150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

103966.78

551436.38

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

664.24

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

583.69

11079.87

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

104550.47

563180.49

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 47161.69 | 284447.43 |
| 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..... | 20.00 | 19710.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 47181.69 | 304157.43 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 446576.13 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 104550.47 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 551126.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 47181.69 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 503944.91 |

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 5 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | | | | |
|-----------|---|-----------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Joan Albanese | | Date of Receipt MM / DD / YYYY 06 / 25 / 2008 | | |
| | Mailing Address 4 Quail Ridge | | Transaction ID: 80626.C36281 | | |
| | City Princeton Junction | State NJ | Zip Code 08550-2158 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| | Name of Employer Retired | Occupation Retired | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Election Cycle-to-Date ▼
250.00

| | | | | | |
|-----------|---|-----------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Kenneth Albers | | Date of Receipt MM / DD / YYYY 06 / 06 / 2008 | | |
| | Mailing Address 7 Locust Way PO Box 727 | | Transaction ID: 80617.C35209 | | |
| | City Spring Lake | State NJ | Zip Code 07762 | Amount of Each Receipt this Period 100.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| | Name of Employer Retired | Occupation Retired | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Election Cycle-to-Date ▼
300.00

| | | | | | |
|-----------|---|-----------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Joseph Anstatt | | Date of Receipt MM / DD / YYYY 06 / 16 / 2008 | | |
| | Mailing Address 262 Penn-Titusville | | Transaction ID: 80617.C35854 | | |
| | City Pennington | State NJ | Zip Code 08534 | Amount of Each Receipt this Period 2000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| | Name of Employer Retired | Occupation Retired | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

Election Cycle-to-Date ▼
2000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**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 6 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Linda Apgar | Date of Receipt MM / DD / YYYY 06 / 15 / 2008 |
| | Mailing Address 23 Elizabeth Avenue | Transaction ID: 80617.C35701 |
| | City State Zip Code Hamilton NJ 08610 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Joseph Azzolina | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address 6 Borden Rd. | Transaction ID: 80630.C36374 |
| | City State Zip Code Middletown NJ 07748 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Jeffrey Bell | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address 8602 Ordinary Way | Transaction ID: 80710.C36589 |
| | City State Zip Code Annandale VA 22003 | Amount of Each Receipt this Period .00 |
| | FEC ID number of contributing federal political committee. C | Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] OCCUPATION/EMPLOYER |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 225.00 |
| TOTAL This Period (last page this line number only) | |

**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 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Simon Belli | Date of Receipt MM / DD / YYYY 06 / 18 / 2008 |
| | Mailing Address 14 Sunset Rd. | Transaction ID: 80623.C35927 |
| | City State Zip Code Trenton NJ 08648-2712 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Hugh Bergman | Date of Receipt MM / DD / YYYY 06 / 25 / 2008 |
| | Mailing Address 6317 Murdoch Ave | Transaction ID: 80626.C36282 |
| | City State Zip Code Saint Louis MO 63109-2707 | Amount of Each Receipt this Period 85.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 285.00 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Terence Blackwell | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| | Mailing Address 28 Addington Court | Transaction ID: 80521.C34802 |
| | City State Zip Code East Brunswick NJ 08816-5302 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 535.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
John Bowden

Mailing Address Villa Vianney
2301 Lawrenceville Road

City State Zip Code
Trenton NJ 08648-2025

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diocese of Trenton Retired Priest

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2008

Transaction ID: 80617.C35269

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mary Brown

Mailing Address 62 Woodlawn Ave

City State Zip Code
Valley Stream NY 11581-1325

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2008

Transaction ID: 80617.C35330

Amount of Each Receipt this Period
25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Hue Bui

Mailing Address 11927 Beechnut

City State Zip Code
Houston TX 77072

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pipeline Pigging Products Product Employee

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 80617.C35068

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 575.00

TOTAL This Period (last page this line number only)

**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 9 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Josetta Burchardt | Date of Receipt MM / DD / YYYY 06 / 05 / 2008 |
| | Mailing Address 1824 Wisteria Rd | Transaction ID: 80617.C35197 |
| | City State Zip Code Rockford IL 61107 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Information Requested Occupation Housewife | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Francis Cannon | Date of Receipt MM / DD / YYYY 05 / 28 / 2008 |
| | Mailing Address 6217 Lee Highway | Transaction ID: 80617.C34990 |
| | City State Zip Code Arlington VA 22205 | Amount of Each Receipt this Period .00 |
| | FEC ID number of contributing federal political committee. C | Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] OCCUPATION/EMPLOYER |
| | Name of Employer Capitol City Partners Occupation Consultant | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mary Cannon | Date of Receipt MM / DD / YYYY 06 / 02 / 2008 |
| | Mailing Address 6217 Lee Highway | Transaction ID: 80617.C35038 |
| | City State Zip Code Arlington VA 22205 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) catering |
| | Name of Employer Self Occupation Homemaker | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 575.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Michael Carnevale

Mailing Address 103 Linden Lane

City State Zip Code
Princeton NJ 08540-3829

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: 80624.C36259

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dolores Charlock

Mailing Address 7 Eastport Ct

City State Zip Code
Red Bank NJ 07701-5431

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: 80617.C35771

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Doris Cioffi

Mailing Address 4461 Hill Avenue

City State Zip Code
Bronx NY 10466-1135

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: 80617.C35338

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 80
(check only one)

| | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Grace Clancy

Mailing Address 32 Mansfield Drive

City State Zip Code
Brick NJ 08724

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 100.00

Transaction ID: 80617.C35284

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

400.00

B.

Full Name (Last, First, Middle Initial)
George Coleman

Mailing Address 100 Newbury Court, Apt 305

City State Zip Code
Concord MA 01742-4155

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 200.00

Transaction ID: 80617.C35410

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

400.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Collins

Mailing Address 324 Pitman Ave

City State Zip Code
Pitman NJ 08071-1646

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 50.00

Transaction ID: 80710.C36626

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

200.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 80
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Marilyn Collins

Mailing Address 324 Pitman Ave

City Pitman State NJ Zip Code 08071-1646

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt 06 / 13 / 2008

Transaction ID: 80617.C35531

Amount of Each Receipt this Period 50.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
James Connelly

Mailing Address 241 S Summit Ave

City Villa Park State IL Zip Code 60181-2924

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

Name of Employer Information Requested Occupation HS Teacher

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

225.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 80624.C36258

Amount of Each Receipt this Period 50.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mary Czillich

Mailing Address 134 Homestead Avenue

City Hamilton State NJ Zip Code 08610

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt 06 / 16 / 2008

Transaction ID: 80617.C35851

Amount of Each Receipt this Period 100.00

Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Charlie Dang

Mailing Address 60 Gray Terrace

City Braintree State MA Zip Code 02184

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

Name of Employer Boston Auto Tech Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 06 / 05 / 2008
Transaction ID: 80617.C35198
Amount of Each Receipt this Period 400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lawrence DeGeorge

Mailing Address 140 Intracoastal Pointe Dr

City Jupiter State FL Zip Code 33477-5096

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

Name of Employer Self Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 80617.C34988
Amount of Each Receipt this Period .00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
OCCUPATION/EMPLOYER

C. Full Name (Last, First, Middle Initial)
Cortes DeRussy

Mailing Address 50 Hampshire Road

City Bronxville State NY Zip Code 10708

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

Name of Employer Northern Leasing Occupation Leasing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2008
Transaction ID: 80617.C34992
Amount of Each Receipt this Period .00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
OCCUPATION/EMPLOYER

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Edmond Devine

Mailing Address 101 Underdown Road

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: 80521.C34807

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Donovan

Mailing Address 9200 Maple Street

City State Zip Code
Manassas VA 20110

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

Name of Employer Family Research Council Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80617.C35048

Amount of Each Receipt this Period
.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 OCCUPATION/EMPLOYER

C. Full Name (Last, First, Middle Initial)
James Donovan

Mailing Address 1307 Kendal Way

City State Zip Code
Sleepy Hollow NY 10591-1061

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80623.C36009

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

**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 15 / 80 |
| | <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)
Committee To Reelect Congressman Chris Smith

| | | |
|---|--|--|
| A. | Full Name (Last, First, Middle Initial) William Dooley | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address 602 Martins Lane | Transaction ID: 80630.C36370 |
| | City State Zip Code Red Bank NJ 07701 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation AIG Sr. Financial Mgr | | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Ellen Drost | Date of Receipt MM / DD / YYYY 06 / 18 / 2008 |
| | Mailing Address 6 Oakcrest Pl | Transaction ID: 80623.C35925 |
| | City State Zip Code Santa Rosa CA 95409-6036 | Amount of Each Receipt this Period 130.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation Retired Retired | | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 295.00 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) James Duff | Date of Receipt MM / DD / YYYY 06 / 02 / 2008 |
| | Mailing Address 6703 Sheridan Ave | Transaction ID: 80617.C35050 |
| | City State Zip Code Des Moines IA 50322-4951 | Amount of Each Receipt this Period .00 |
| | FEC ID number of contributing federal political committee. C | Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] OCCUPATION/EMPLOYER |
| Name of Employer Occupation Retired Retired | | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2430.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 80 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Theresa Faris</p> <p>Mailing Address 79 Neville St</p> <p>City State Zip Code Tinton Falls NJ 07724-2843</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p> | <p>Date of Receipt MM / DD / YYYY 06 / 15 / 2008</p> <p>Transaction ID: 80617.C35661</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) John Fitzgerald</p> <p>Mailing Address 113 Tuttle Avenue</p> <p>City State Zip Code Spring Lake NJ 07762</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p> | <p>Date of Receipt MM / DD / YYYY 06 / 20 / 2008</p> <p>Transaction ID: 80623.C36021</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Kathryn Ford</p> <p>Mailing Address 61 Robbins St</p> <p>City State Zip Code Brick NJ 08724-3531</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p> | <p>Date of Receipt MM / DD / YYYY 06 / 21 / 2008</p> <p>Transaction ID: 80623.C36061</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|----------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>600.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**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 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Tom Gagliano | Date of Receipt MM / DD / YYYY 06 / 15 / 2008 |
| | Mailing Address 63 Ambassador Drive | Transaction ID: 80617.C35775 |
| | City State Zip Code Red Bank NJ 07701 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Attorney | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1747.20 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Gary Gordon | Date of Receipt MM / DD / YYYY 06 / 06 / 2008 |
| | Mailing Address 149 Patriots Rd | Transaction ID: 80617.C35210 |
| | City State Zip Code Morris Plains NJ 07950-1148 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Retired Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Henry Graebe, Jr. | Date of Receipt MM / DD / YYYY 06 / 18 / 2008 |
| | Mailing Address 154 Dorado Beach Court | Transaction ID: 80623.C35917 |
| | City State Zip Code Howell NJ 07731 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Renaissance Properties, Inc. Occupation Real Estate Sales | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 18 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Robert Granrath
 Mailing Address 44 Colonia Place
 City Colonia State NJ Zip Code 07067
 FEC ID number of contributing federal political committee. C
 Name of Employer Woodbridge Twnshp Bd of Educat Occupation teacher
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt 06 / 28 / 2008
Transaction ID: 80628.C36367
 Amount of Each Receipt this Period 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard Gregg
 Mailing Address 80 Trommel Dr
 City Mahwah State NJ Zip Code 07430-1533
 FEC ID number of contributing federal political committee. C
 Name of Employer The Gregg Company,Ltd Occupation Executive
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt 06 / 06 / 2008
Transaction ID: 80617.C35215
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Haas
 Mailing Address 143 Dorchester Dr.
 City East Windsor State NJ Zip Code 08520
 FEC ID number of contributing federal political committee. C
 Name of Employer KPMG Occupation Consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 80623.C36141
 Amount of Each Receipt this Period 50.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 650.00
TOTAL This Period (last page this line number only)

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 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Margaret Hahn | Date of Receipt MM / DD / YYYY 06 / 25 / 2008 |
| | Mailing Address 878 Upper Main St. | Transaction ID: 80626.C36288 |
| | City State Zip Code South Amboy NJ 08879-1496 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested Occupation Retired | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 |

| | | |
|--|---|--|
| B. | Full Name (Last, First, Middle Initial) Robert Healey | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address 12440 Sunnydale Drive | Transaction ID: 80701.C36429 |
| | City State Zip Code Wellington FL 33414 | Amount of Each Receipt this Period 750.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Viking Group Occupation CEO | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1750.00 |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Michael Hennessy | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address 22 Perrine Circle | Transaction ID: 80630.C36379 |
| | City State Zip Code Perrineville NJ 08535 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Intellisphere Occupation CEO | Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1950.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Kevin Higgins
Mailing Address 100 Van Doren Avenue
City Chatham State NJ Zip Code 07928
FEC ID number of contributing federal political committee. **C**
Name of Employer Swiss RE Occupation Financial Services
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 325.00
Date of Receipt 05 / 21 / 2008
Transaction ID: 80521.C34801
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kevin Higgins
Mailing Address 100 Van Doren Avenue
City Chatham State NJ Zip Code 07928
FEC ID number of contributing federal political committee. **C**
Name of Employer Swiss RE Occupation Financial Services
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 575.00
Date of Receipt 06 / 06 / 2008
Transaction ID: 80617.C35212
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas J. Hill
Mailing Address 1719 Mason Lane
City Charlottesville State VA Zip Code 22903-5116
FEC ID number of contributing federal political committee. **C**
Name of Employer New Generations Advisors Occupation trader
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80630.C36375
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Joseph Hills
Mailing Address 1112 Country Club Dr
City Tullahoma State TN Zip Code 37388-2553
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00
Date of Receipt 06 / 25 / 2008
Transaction ID: 80626.C36289
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hieu Ho
Mailing Address 1930 3rd Avenue N.
City Minneapolis State MN Zip Code 55405
FEC ID number of contributing federal political committee. **C**
Name of Employer Banyon Data Systems Occupation Programmer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 03 / 2008
Transaction ID: 80617.C35060
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dan Duy Hoang
Mailing Address 802 New Hampshire Avenue
City Washington State DC Zip Code 20037
FEC ID number of contributing federal political committee. **C**
Name of Employer Four Winds Capital LLC Occupation Banker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 06 / 03 / 2008
Transaction ID: 80617.C35069
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Michael Hrize

Mailing Address 16 Willowwood Court

City Columbus State NJ Zip Code 08022-1025

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2800.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 80623.C35928
Amount of Each Receipt this Period 400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Hughes

Mailing Address 22 Cummings St

City Irvington State NJ Zip Code 07111-2511

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

Name of Employer State of NJ Occupation Claims Supervisor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt 06 / 10 / 2008
Transaction ID: 80617.C35407
Amount of Each Receipt this Period 100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rhoda Jackson

Mailing Address 7020 NE 161st St

City Kenmore State WA Zip Code 98028-4265

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

Name of Employer Information Requested Occupation Housewife

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt 06 / 10 / 2008
Transaction ID: 80617.C35421
Amount of Each Receipt this Period 25.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 80 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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)
Committee To Reelect Congressman Chris Smith

| | | | |
|--|---|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Leah Jeffries | | Date of Receipt |
| | Mailing Address 4805 Zakon Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 25 / 2008 |
| | City | State | Zip Code |
| | Torrance | CA | 90505-4355 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80710.C36617 |
| Name of Employer Retired | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|-------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Ursula Johnson | | Date of Receipt |
| | Mailing Address 27 Redhill Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 15 / 2008 |
| | City | State | Zip Code |
| | Manchester | NJ | 08759 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80617.C35676 |
| Name of Employer Retired | | Occupation Information Requested | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 75.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Johnny Jones | | Date of Receipt |
| | Mailing Address 29 Challander Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 15 / 2008 |
| | City | State | Zip Code |
| | Florence | NJ | 08505-4281 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80617.C35683 |
| Name of Employer Navy Lakehurst | | Occupation Logistics Mgr | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1075.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 24 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) John Juhas | Date of Receipt MM / DD / YYYY 06 / 09 / 2008 |
| | Mailing Address 140 Richmond Rd St Felicitas Church | Transaction ID: 80617.C35347 |
| | City Euclid State OH Zip Code 44143-1239 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer St. Felicitas Church Occupation Priest Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00 | |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Marilou Kaye | Date of Receipt MM / DD / YYYY 06 / 20 / 2008 |
| | Mailing Address 20 E Larchmont Dr. | Transaction ID: 80623.C36004 |
| | City Colts Neck State NJ Zip Code 07722 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|--|--|
| C. | Full Name (Last, First, Middle Initial) John Keane | Date of Receipt MM / DD / YYYY 06 / 09 / 2008 |
| | Mailing Address 33 Ellsworth Ave | Transaction ID: 80617.C35346 |
| | City Staten Island State NY Zip Code 10312-2501 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer AT&T Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 80 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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)
Committee To Reelect Congressman Chris Smith

| | | | |
|---|---|-------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Russ Kerestes | | Date of Receipt MM / DD / YYYY 06 / 26 / 2008 |
| | Mailing Address 59C Buckingham Court | | Transaction ID: 80626.C36322 |
| | City Lakewood | State NJ | Zip Code 08701 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Najarian Assoc | Occupation Marketing | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 850.00 | | |

| | | | |
|---|---|----------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Carol Krakower | | Date of Receipt MM / DD / YYYY 06 / 07 / 2008 |
| | Mailing Address 2152 Gregory Pl | | Transaction ID: 80617.C35285 |
| | City Sea Girt | State NJ | Zip Code 08750-1803 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self | Occupation Speech Pathologist | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | | | |
|---|---|-------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Charles Ksieniewich | | Date of Receipt MM / DD / YYYY 06 / 10 / 2008 |
| | Mailing Address 215 Avery Ave | | Transaction ID: 80617.C35409 |
| | City Syracuse | State NY | Zip Code 13204-1827 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Information Requested | Occupation Information Requested | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
John Laffan

Mailing Address 225 Saint Pauls Ave Apt 14 E

City State Zip Code
Jersey City NJ 07306-3709

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: 80617.C35274

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Angela Lanfranchi

Mailing Address 131 Kosciuszko Road

City State Zip Code
Whitehouse Station NJ 08889

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

Name of Employer Occupation
Surgery Assoc of CNJ Surgeon

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 8

Transaction ID: 80617.C35682

Amount of Each Receipt this Period

250.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Hiep Le

Mailing Address 26526 Poppy Court

City State Zip Code
Loma Linda CA 92354

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

Name of Employer Occupation
Edward Serrus, MD, Inc. Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80617.C35063

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Kha Le

Mailing Address 608 W. Mariposa Street

City State Zip Code
Chandler AZ 85225

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

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
160.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 80617.C35121

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Kha Le

Mailing Address 608 W. Mariposa Street

City State Zip Code
Chandler AZ 85225

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

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 80617.C35148

Amount of Each Receipt this Period

60.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lawrence Lee

Mailing Address 39644 Rosebay Court

City State Zip Code
Fort Mill SC 29707

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

Name of Employer Retired

Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2008

Transaction ID: 80623.C35922

Amount of Each Receipt this Period

100.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

210.00

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

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 80 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Elsie Lewis</p> <p>Mailing Address 630 East Drive</p> <p>City State Zip Code Sewickley PA 15143</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Housewife</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80623.C36074</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 1 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Phuong Luc</p> <p>Mailing Address 6 Fairdale Court</p> <p>City State Zip Code Silver Spring MD 20905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80623.C36142</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Maria Luzarraga</p> <p>Mailing Address 44 Lenox Road</p> <p>City State Zip Code Summit NJ 07901-3733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Lois Schneider Realtors Part-time Real estate</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00</p> | <p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80617.C35550</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 3 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Dennis Lynch

Mailing Address 33 Clinton Avenue

City State Zip Code
Nyack NY 10960-4715

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

Name of Employer Occupation
Dorfman Lynch & Knoebel Attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80630.C36377

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Marcia Lynch

Mailing Address 33 Clinton Avenue

City State Zip Code
Nyack NY 10960

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

Name of Employer Occupation
Nyack School District Educational Assistant

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80630.C36376

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
William Marino

Mailing Address 6 Cobblestone Ln

City State Zip Code
Morristown NJ 07960-6424

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

Name of Employer Occupation
Horizon Blue Cross Blue Shield President & CEO

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: 80617.C35214

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5100.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
William McCarthy
Mailing Address 46 Cranbury Rd
City Princeton Junction State NJ Zip Code 08550-1231
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00
Date of Receipt 06 / 15 / 2008
Transaction ID: 80617.C35684
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William McCarthy
Mailing Address 46 Cranbury Rd
City Princeton Junction State NJ Zip Code 08550-1231
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00
Date of Receipt 06 / 24 / 2008
Transaction ID: 80624.C36261
Amount of Each Receipt this Period 300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John McGrath
Mailing Address 905 Tudor Drive
City Toms River State NJ Zip Code 08753-7903
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 06 / 18 / 2008
Transaction ID: 80623.C35902
Amount of Each Receipt this Period 50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**
TOTAL This Period (last page this line number only) ►

**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 32 / 80 |
| | <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)
Committee To Reelect Congressman Chris Smith

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Terri Mersereau | Date of Receipt MM / DD / YYYY 06 / 30 / 2008 |
| | Mailing Address PO Box 2727 | Transaction ID: 80701.C36409 |
| | City State Zip Code Seaside OR 97138-2727 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Retired Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Thomas Monaghan | Date of Receipt MM / DD / YYYY 05 / 16 / 2008 |
| | Mailing Address 10047 Gulf Shore Drive | Transaction ID: 80617.C35037 |
| | City State Zip Code Naples FL 34108 | Amount of Each Receipt this Period 2248.51 |
| | FEC ID number of contributing federal political committee. C | In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Ave Maria Foundation Chancellor | Invitations, postage, catering |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2248.51 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Thomas Monaghan | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| | Mailing Address 10047 Gulf Shore Drive | Transaction ID: 80521.C34816 |
| | City State Zip Code Naples FL 34108 | Amount of Each Receipt this Period 1800.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Ave Maria Foundation Chancellor | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4048.51 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4148.51 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Joseph Moore

Mailing Address PO Box 5132

City State Zip Code
Sun City West AZ 85376-5132

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

Name of Employer Occupation
Primary Day School Facility Coordinator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2008

Transaction ID: 80617.C35411

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ronald Mostero

Mailing Address 505 Chiswick Rd

City State Zip Code
Palos Verdes Estat CA 90274-1826

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: 80623.C36161

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael Mozeika

Mailing Address 2803 Concord Dr

City State Zip Code
Wall Township NJ 07719-9574

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

Name of Employer Occupation
New Dimension Industries President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: 80623.C36167

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Michael Mozeika

Mailing Address 2803 Concord Dr

City State Zip Code
Wall Township NJ 07719-9574

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

Name of Employer Occupation
New Dimension Industries President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 80627.C36350

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Elaine Murhammer

Mailing Address 4112 Jefferson Hwy Apt 320

City State Zip Code
New Orleans LA 70121-4408

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: 80617.C35518

Amount of Each Receipt this Period
75.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Elaine Murhammer

Mailing Address 4112 Jefferson Hwy Apt 320

City State Zip Code
New Orleans LA 70121-4408

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 21 / 2008

Transaction ID: 80623.C36065

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2125.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 80
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Raymond Nadonley | | Date of Receipt MM / DD / YYYY 06 / 10 / 2008 |
| Mailing Address 6420 Garnett Dr | | Transaction ID: 80617.C35412 |
| City Chevy Chase | State MD | Zip Code 20815-6616 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer The Primary Day School | Occupation Facility Coordinator | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

B.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Theodore Narozanick | | Date of Receipt MM / DD / YYYY 06 / 13 / 2008 |
| Mailing Address 23 Brinkerhoff Avenue | | Transaction ID: 80617.C35537 |
| City Freehold | State NJ | Zip Code 07728-2004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Retired | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Hien Ngo | | Date of Receipt MM / DD / YYYY 05 / 24 / 2008 |
| Mailing Address 8001 Bradley Boulevard | | Transaction ID: 80617.C35188 |
| City Bethesda | State MD | Zip Code 20817 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 270.99 |
| Name of Employer Self | Occupation Real Estate Broker | In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 270.99 | |
| | | Printing/Postage |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 620.99 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Hien Ngo

Mailing Address 8001 Bradley Boulevard

City State Zip Code
Bethesda MD 20817

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 31 / 2008

Transaction ID: 80617.C35189

Amount of Each Receipt this Period
270.45

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Printing/Postage

541.44

B. Full Name (Last, First, Middle Initial)
Binh T. Nguyen

Mailing Address 8857 Merecourt Lane

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Walter Reed Army Hospital Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 80617.C35066

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

500.00

C. Full Name (Last, First, Middle Initial)
Hang Nina Nguyen

Mailing Address 78 Silver Brook Road

City State Zip Code
Milton MA 02186

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

Name of Employer HNN Law Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: 80617.C35022

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

500.00

SUBTOTAL of Receipts This Page (optional) ► **1270.45**

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

**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 37 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Khai Q. Nguyen | Date of Receipt MM / DD / YYYY 06 / 03 / 2008 |
| | Mailing Address 12409 Rivers Edge Drive | Transaction ID: 80617.C35065 |
| | City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Vietnam Review | Occupation Editor | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Khang Nguyen | Date of Receipt MM / DD / YYYY 06 / 06 / 2008 |
| | Mailing Address 112 Fellsway West | Transaction ID: 80617.C35213 |
| | City State Zip Code Medford MA 02155 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer DKNT Systems | Occupation Engineer | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Lambao Nguyen | Date of Receipt MM / DD / YYYY 06 / 03 / 2008 |
| | Mailing Address 7316 Goddard Drive | Transaction ID: 80617.C35070 |
| | City State Zip Code Lanham MD 20706 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

| | | | |
|---|--|------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Quan Nguyen | | Date of Receipt MM / DD / YYYY 06 / 03 / 2008 |
| | Mailing Address 6506 Valley Court | | Transaction ID: 80617.C35067 |
| | City Falls Church | State VA | Zip Code 22042 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self | Occupation Physician | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Thang Dinh Nguyen | | Date of Receipt MM / DD / YYYY 06 / 03 / 2008 |
| | Mailing Address 7311 Parkwood Court, #104 | | Transaction ID: 80617.C35064 |
| | City Falls Church | State VA | Zip Code 22042 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer BPSOS | Occupation Exec Dir | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 500.00 | |

| | | | |
|---|--|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Thang Dinh Nguyen | | Date of Receipt MM / DD / YYYY 06 / 03 / 2008 |
| | Mailing Address 7311 Parkwood Court, #104 | | Transaction ID: 80617.C35079 |
| | City Falls Church | State VA | Zip Code 22042 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer BPSOS | Occupation Exec Dir | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 80
(check only one)

| | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <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)
Committee To Reelect Congressman Chris Smith

A.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Tony Nguyen | | Date of Receipt MM / DD / YYYY 06 / 10 / 2008 |
| Mailing Address 14504 Vintage Drive | | Transaction ID: 80617.C35379 |
| City San Diego | State CA | Zip Code 92129-3359 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Alpha Realty | Occupation Realtor | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Richard Nini | | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| Mailing Address 7638 Devins Ridge | | Transaction ID: 80521.C34812 |
| City Clarkston | State MI | Zip Code 48348 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Corporate Eagle Mgt | Occupation President/CEO | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

C.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) John OBrien | | Date of Receipt MM / DD / YYYY 06 / 10 / 2008 |
| Mailing Address 10933 SW 89th Ave | | Transaction ID: 80617.C35388 |
| City Ocala | State FL | Zip Code 34481-9722 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Retired | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1300.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 80
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

A.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Patricia OBrien | | Date of Receipt MM / DD / YYYY 06 / 13 / 2008 |
| Mailing Address 535 E 86th Street, Apt 20D | | Transaction ID: 80617.C35556 |
| City New York | State NY | Zip Code 10028-7533 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Retired | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 550.00 | |

B.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Robert OBrien | | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| Mailing Address 4637 Golf Creek Drive | | Transaction ID: 80521.C34813 |
| City Toledo | State OH | Zip Code 43623 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Retired | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

C.

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Harry Paalberg, Jr. | | Date of Receipt MM / DD / YYYY 06 / 18 / 2008 |
| Mailing Address 1547 Logan Drive | | Transaction ID: 80623.C35926 |
| City Manasquan | State NJ | Zip Code 08736-2507 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Boeing Co. | Occupation Engineer | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1200.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 41 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Mary Noel Page

Mailing Address 1297 Ballantrae Farm Drive

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80701.C36411

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edward Palm

Mailing Address 238 Club House Drive

City State Zip Code
Willingboro NJ 08046-3523

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80626.C36320

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sheila Patton

Mailing Address 2100 Londonderry

City State Zip Code
Ann Arbor MI 48104

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: 80521.C34814

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 80
(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Ralph Perez

Mailing Address 5 Kansas Drive

City State Zip Code
Jackson NJ 08527-1515

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

Name of Employer Occupation
US Dept of Commerce Federal Employee

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80701.C36408

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Thomas Pham

Mailing Address 3240 Hollyberry Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 80617.C35107

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lucia Purpuri

Mailing Address 400 Lexington Ave

City State Zip Code
Toms River NJ 08753-7749

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: 80617.C35533

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

**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 43 / 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | | |
|--|---|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Max Rauscher | | Date of Receipt |
| | Mailing Address 380 Harper Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8 |
| | City | State | Zip Code |
| | Brick | NJ | 08724 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80617.C34991 |
| Name of Employer Retired | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> .00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] OCCUPATION/EMPLOYER |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 400.00 | |

| | | | |
|--|---|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Anthony Rea | | Date of Receipt |
| | Mailing Address 350 Lowell Court | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Bloomfield Hills | MI | 48304 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80521.C34806 |
| Name of Employer Fairmount Properties | | Occupation Sole Proprietor | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 300.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 300.00 | |

| | | | |
|--|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) W. Gene Ritchings | | Date of Receipt |
| | Mailing Address 29 Martin Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Whiting | NJ | 08759 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80521.C34800 |
| Name of Employer Retired | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 200.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 300.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
William Rue

Mailing Address 33 Cranbury Neck Rd.

City Cranbury State NJ Zip Code 08512

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

Name of Employer Rue Insurance Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 18 / 2008
Transaction ID: 80623.C35929
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
George Schwartz

Mailing Address 13450 Beacon Hill

City Plymouth State MI Zip Code 48170

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

Name of Employer Schwartz Investment Counsel Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2008
Transaction ID: 80521.C34815
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Francis Sehn

Mailing Address 3515 Brookside Drive

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2008
Transaction ID: 80521.C34810
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)

Paulette Shalhoub

Mailing Address 39 Galloping Hill Rd

City State Zip Code
Holmdel NJ 07733-1818

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 8

Transaction ID: 80623.C36066

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nancy Singer

Mailing Address 9 Sugarwood Way

City State Zip Code
Warren NJ 07059-6792

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

Name of Employer Information Requested Occupation
Self Homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80701.C36406

Amount of Each Receipt this Period

50.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Aloysius Sinicki

Mailing Address 1200 N Madison Avenue, Apt 402

City State Zip Code
Bay City MI 48708-5956

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 202.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: 80617.C35391

Amount of Each Receipt this Period

60.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ►

160.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 80
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Antonine Slade

Mailing Address PO Box 16

City Marlboro State NJ Zip Code 07746-0016

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

215.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 8

Transaction ID: 80617.C35272

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
John Sommer

Mailing Address 172 Forest Ave

City Verona State NJ Zip Code 07044-1018

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 80617.C35551

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
David Sponseller

Mailing Address 2648 Antiem

City Ann Arbor State MI Zip Code 48105

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

Name of Employer Information Requested Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: 80521.C34811

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 80

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Ada Strassenburgh

Mailing Address PO Box 608

City State Zip Code
Ocean View NJ 08230-0608

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

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 80617.C35211

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mary Sundy

Mailing Address 45 Fordyce Manor Ct

City State Zip Code
Lake Saint Louis MO 63367-1800

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 80623.C35919

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Sarah Tarsney

Mailing Address 26 Sunset Terrace

City State Zip Code
Tenafly NJ 07670-1457

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 80623.C36019

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 48 / 80 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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)
Committee To Reelect Congressman Chris Smith

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Duncan Checker | Date of Receipt MM / DD / YYYY 06 / 27 / 2008 |
| | Mailing Address P.O. Box 97 56 Hominy Hill Road | Transaction ID: 80627.C36351 |
| | City State Zip Code Colts Neck NJ 07722 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Businessman Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Richard Thompson | Date of Receipt MM / DD / YYYY 05 / 21 / 2008 |
| | Mailing Address 4915 Mother Teresa Drive | Transaction ID: 80521.C34808 |
| | City State Zip Code Ann Arbor MI 48105 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Thomas More Law Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Timothy Tighe | Date of Receipt MM / DD / YYYY 06 / 16 / 2008 |
| | Mailing Address 415 W 59th St | Transaction ID: 80617.C35855 |
| | City State Zip Code New York NY 10019-1104 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2900.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 49 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Barbara Tinari

Mailing Address 17 Cathedral Ave

City State Zip Code
Florham Park NJ 07932-2520

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80627.C36349

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tung Tong

Mailing Address 2431 E. 22nd Street

City State Zip Code
Brooklyn NY 11235

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

Name of Employer Tu Quynh Pharmacy Occupation Pharmacist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 80617.C35071

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Torney

Mailing Address 5 Dellwood Ln

City State Zip Code
Somerset NJ 08873-1551

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

Name of Employer Information Requested Occupation Clergy

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 25.00

Transaction ID: 80617.C35416

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 80
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Cuc Tran

Mailing Address 3 Coventry Circle East

City Marlton State NJ Zip Code 08053

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

Name of Employer Opex Corp Occupation Electronic Technician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 05 / 28 / 2008

Transaction ID: 80617.C34989

Amount of Each Receipt this Period .00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
OCCUPATION/EMPLOYER

B.

Full Name (Last, First, Middle Initial)
Tuan Tran

Mailing Address 291 Ashmnot Street

City Dorchester State MA Zip Code 02124-3805

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

Name of Employer Kinny Pharmacy Occupation Pharmacist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 80617.C35061

Amount of Each Receipt this Period 300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
George Van Pelt

Mailing Address 163 E. Franklin Street

City Trenton State NJ Zip Code 08610-5838

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 80701.C36410

Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 80
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Thomas Welsh

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

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

Name of Employer Information Requested Occupation
Retired Bishop

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2008

Transaction ID: 80617.C35340

Amount of Each Receipt this Period
50.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jill White

Mailing Address 32 Monroe Dr

City State Zip Code
Trenton NJ 08619-4323

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 80617.C35555

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Josephine Wood

Mailing Address 1400 Enterprise Dr Apt N330

City State Zip Code
Lynchburg VA 24502-5769

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2008

Transaction ID: 80617.C35807

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Harriet Young

Mailing Address 81910 Arus Ave

City State Zip Code
Indio CA 92201-7739

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

Name of Employer Information Requested Occupation
Self

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 80617.C35853

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marie Zehler

Mailing Address 190 Highland Avenue

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Information Requested Occupation
Self Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2008

Transaction ID: 80617.C35286

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | 56549.95 |

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

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

FOR LINE NUMBER: PAGE 54 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
BUILD PAC - Natl Assn of Home Builders

Mailing Address 1201 15th Street, NW

City State Zip Code
Washington DC 20005-2800

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 2 / 2 0 0 8

Transaction ID: 80617.C35047

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Friends of Dave Weldon

Mailing Address P.O. Box 968

City State Zip Code
Melbourne FL 32902

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 80708.C36432

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Jim Saxton

Mailing Address PO Box 795

City State Zip Code
Mount Holly NJ 08060-0795

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 80708.C36431

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Friends of Tom Powers

Mailing Address c/o Edward Loud
2537 Morningstar Road

City Manasquan State NJ Zip Code 08736-2221

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

Name of Employer Occupation
Acceptable Funds

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 0 8

Transaction ID: 80617.C35287

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
The NEA Fund for Children & Public Education

Mailing Address 1201 16th Street NW, Suite 420

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 0 8

Transaction ID: 80617.C35072

Amount of Each Receipt this Period
1300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Vietnamese Assn Of New Mexico

Mailing Address 13809 Paseo de Sol

City Albuquerque State NM Zip Code 87123

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 0 8

Transaction ID: 80617.C35062

Amount of Each Receipt this Period
350.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2650.00**

TOTAL This Period (last page this line number only) ► **6650.00**

**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 56 / 80 |
| | <input 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 checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

| | | | |
|--|---|---------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Roma Federal Savings Bank | | Date of Receipt |
| | Mailing Address 2300 Route 33 | | <input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Robbinsville | NJ | 08691-1411 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: 80626.C36262 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text" value="98.74"/> |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="10104.12"/> | Other Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|---------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Roma Federal Savings Bank | | Date of Receipt |
| | Mailing Address 2300 Route 33 | | <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Robbinsville | NJ | 08691-1411 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: 80628.C36353 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text" value="370.32"/> |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="10474.44"/> | Other Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|---------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Roma Federal Savings Bank | | Date of Receipt |
| | Mailing Address 2300 Route 33 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Robbinsville | NJ | 08691-1411 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: 80712.C36664 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text" value="114.63"/> |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="10589.07"/> | Other Receipt |
| <input type="checkbox"/> Other (specify) ▼ | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="583.69"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="583.69"/> |

**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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) NJ Fraternal Order of Police | Transaction ID: 80617.E3889 Date of Disbursement 05 / 28 / 2008 |
| | Mailing Address 108 W. State Street | Amount of Each Disbursement this Period 400.00 |
| | City Trenton State NJ Zip Code 08608- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Advertising Candidate Name | ADVERTISING |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) NJ State Bldg. Trades Council AFL-CIO | Transaction ID: 80624.E3918 Date of Disbursement 06 / 24 / 2008 |
| | Mailing Address 2595 Yardville-Hamilton Sq Rd | Amount of Each Disbursement this Period 600.00 |
| | City Trenton State NJ Zip Code 08690- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Journal Ad Candidate Name | JOURNAL AD |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Professional Firefighters Assn of NJ, IAFF | Transaction ID: 80617.E3904 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 24 West Lafayette Street | Amount of Each Disbursement this Period 400.00 |
| | City Trenton State NJ Zip Code 08608- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Journal Ad Candidate Name | JOURNAL AD |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1400.00 |
| TOTAL This Period (last page this line number only) | |

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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Mercer County Capital Republican Club <hr/> Mailing Address 957 Route 33, Suite 322 <hr/> City Hamilton Square State NJ Zip Code 08690- <hr/> Purpose of Disbursement membership fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3873 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP FEE |
| B. | Full Name (Last, First, Middle Initial) United Bank <hr/> Mailing Address 4501 Daly Drive <hr/> City Chantilly State VA Zip Code 20151- <hr/> Purpose of Disbursement merchant fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80626.E3921 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 142.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT FEES |
| C. | Full Name (Last, First, Middle Initial) United Bank <hr/> Mailing Address 4501 Daly Drive <hr/> City Chantilly State VA Zip Code 20151- <hr/> Purpose of Disbursement merchant fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80715.E3974 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 123.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT FEES |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 441.21 |
| TOTAL This Period (last page this line number only) ▶ | |

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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Direct Impressions <hr/> Mailing Address 2100 Tomlynn Street <hr/> City Richmond State VA Zip Code 23230- <hr/> Purpose of Disbursement adjust input error Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80626.E3923 Date of Disbursement 05 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 0.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADJUST INPUT ERROR |
| B. | Full Name (Last, First, Middle Initial) Nova List Company <hr/> Mailing Address 13755 Sunrise Valley Drive Suite 450 <hr/> City Herndon State VA Zip Code 20171- <hr/> Purpose of Disbursement list maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3893 Date of Disbursement 05 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 3074.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LIST MAINTENANCE |
| C. | Full Name (Last, First, Middle Initial) Sunrise Data Services <hr/> Mailing Address 13755 Sunrise Valley Drive Suite 450 <hr/> City Herndon State VA Zip Code 20171- <hr/> Purpose of Disbursement data services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3894 Date of Disbursement 05 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DATA SERVICES |

SUBTOTAL of Disbursements This Page (optional) ▶

3304.49

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

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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Washington Intelligence Bureau <hr/> Mailing Address 4128 Pepsi Place <hr/> City Chantilly State VA Zip Code 20151- <hr/> Purpose of Disbursement caging/escrow Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3896 Date of Disbursement 05 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1065.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAGING/ESCROW |
| B. | Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003- <hr/> Purpose of Disbursement Online processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80626.E3920 Date of Disbursement 05 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 104.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ONLINE PROCESSING FEES |
| C. | Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003- <hr/> Purpose of Disbursement Online fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80712.E3968 Date of Disbursement 06 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ONLINE FEES |

SUBTOTAL of Disbursements This Page (optional) ▶

1274.26

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

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)

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|--|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Airnet

Transaction ID: 80521.E3874
Date of Disbursement

Mailing Address PO Box 11181

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City State Zip Code
Chattanooga TN 37401-

Amount of Each Disbursement this Period

| |
|--------|
| 125.00 |
|--------|

Purpose of Disbursement
interface fees

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

INTERFACE FEES

State: District:

B.

Full Name (Last, First, Middle Initial)
Airnet

Transaction ID: 80617.E3903
Date of Disbursement

Mailing Address PO Box 11181

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City State Zip Code
Chattanooga TN 37401-

Amount of Each Disbursement this Period

| |
|--------|
| 125.00 |
|--------|

Purpose of Disbursement
web interface fees

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

WEB INTERFACE FEES

State: District:

C.

Full Name (Last, First, Middle Initial)
Cablevision of Hamilton

Transaction ID: 80521.E3871
Date of Disbursement

Mailing Address PO Box 371378

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City State Zip Code
Pittsburgh PA 15250-

Amount of Each Disbursement this Period

| |
|-------|
| 99.90 |
|-------|

Purpose of Disbursement
cable modems

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CABLE MODEMS

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 349.90 |
|--------|

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

| |
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| |
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**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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Cablevision of Hamilton | Transaction ID: 80617.E3902 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address PO Box 371378 | Amount of Each Disbursement this Period 99.90 |
| | City Pittsburgh State PA Zip Code 15250- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement cable modems | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CABLE MODEMS |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mary Cannon | Transaction ID: 80617.C35038IK Date of Disbursement 06 / 02 / 2008 |
| | Mailing Address 6217 Lee Highway | Amount of Each Disbursement this Period 500.00 |
| | City Arlington State VA Zip Code 22205- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement catering | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | IN KIND: CATERING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Chase Card Services | Transaction ID: 80521.E3876 Date of Disbursement 05 / 20 / 2008 |
| | Mailing Address PO Box 15153 | Amount of Each Disbursement this Period 1556.11 |
| | City Wilmington State DE Zip Code 19886- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement CREDIT CARD: SEE BELOW | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD: SEE BELOW |

SUBTOTAL of Disbursements This Page (optional)

2156.01

TOTAL This Period (last page this line number only)

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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) ExxonMobil Mailing Address 4558 Kenmore Avenue City Alexandria State VA Zip Code 22304- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3883 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 111.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |
| B. | Full Name (Last, First, Middle Initial) Exxon Mobil 18 Mailing Address Route 130 South City Robbinsville State NJ Zip Code 08691- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3884 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 68.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |
| C. | Full Name (Last, First, Middle Initial) Applied Tactics Mailing Address 540-751-1393 VA City State Zip Code Purpose of Disbursement email account Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3878 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EMAIL ACCOUNT |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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)
Committee To Reelect Congressman Chris Smith

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Cingular Mailing Address 600-331-0500 City State Zip Code Purpose of Disbursement cell 2782 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3880 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 109.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL 2782 | |
| B. | Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 371461 City State Zip Code Pittsburgh PA 15250-7461 Purpose of Disbursement courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3881 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 22.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COURIER | |
| C. | Full Name (Last, First, Middle Initial) Hess Oil Mailing Address Route 33 East City State Zip Code Mercerville NJ 08619- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3879 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 100.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE | |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Committee To Reelect Congressman Chris Smith

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Postmaster - Trenton Mailing Address City State Zip Code Trenton NJ 08650-9616 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3877 Date of Disbursement 05 / 20 / 2008 |
| | Amount of Each Disbursement this Period 697.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: POSTAGE |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Southwest Air Mailing Address Dallas, TX City State Zip Code Purpose of Disbursement travel exp - MI fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3885 Date of Disbursement 05 / 20 / 2008 |
| | Amount of Each Disbursement this Period 360.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: TRAVEL EXP - MI FUN-DRAISER |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 15153 City State Zip Code Wilmington DE 19886- Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80624.E3919 Date of Disbursement 06 / 24 / 2008 |
| | Amount of Each Disbursement this Period 2968.48 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | CREDIT CARD: SEE BELOW |

SUBTOTAL of Disbursements This Page (optional) ▶

2968.48

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

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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Applied Tactics

Mailing Address 540-751-1393
VA

City State Zip Code

Purpose of Disbursement
email account
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80628.E3939
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: EMAIL ACCOUNT

B.

Full Name (Last, First, Middle Initial)
Budget Rent-A-Car

Mailing Address

City Philadelphia State PA Zip Code 19106-

Purpose of Disbursement
travel expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80628.E3947
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

142.16

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Cingular

Mailing Address 600-331-0500

City State Zip Code

Purpose of Disbursement
cell 2782
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80628.E3943
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

343.99

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: CELL 2782

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Postmaster--MAIN Route 130

Mailing Address Route 130 South

City State Zip Code
Trenton NJ 08691-

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80628.E3937
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 420.00 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)
Southwest Air

Mailing Address

Dallas, TX

City State Zip Code

Purpose of Disbursement
travel expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80627.E3933
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 270.00 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address Hamilton Square 670 North Route 33

City State Zip Code
Hamilton NJ 08619-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80627.E3930
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 321.30 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

| |
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| 0.00 |
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TOTAL This Period (last page this line number only) ►

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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)
Committee To Reelect Congressman Chris Smith

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80628.E3948 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 469.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: TRAVEL EXPENSE |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Constance Carey <hr/> Mailing Address 21 Devon Court <hr/> City State Zip Code Robbinsville NJ 08691- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80516.E3862 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 873.89 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | PAYROLL |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Constance Carey <hr/> Mailing Address 21 Devon Court <hr/> City State Zip Code Robbinsville NJ 08691- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3897 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 873.89 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | PAYROLL |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1747.78 |
| TOTAL This Period (last page this line number only) ▶ | (Empty) |

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)

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|--|------------------------------|------------------------------|------------------------------|
| <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)
Committee To Reelect Congressman Chris Smith

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Constance Carey <hr/> Mailing Address 21 Devon Court <hr/> City Robbinsville State NJ Zip Code 08691- <hr/> Purpose of Disbursement Payroll Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80617.E3905 Date of Disbursement 06 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 873.89 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Constance Carey <hr/> Mailing Address 21 Devon Court <hr/> City Robbinsville State NJ Zip Code 08691- <hr/> Purpose of Disbursement Payroll Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80627.E3924 Date of Disbursement 06 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 873.89 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Computer Vision Tech, Inc. <hr/> Mailing Address 448 Whitehead Road <hr/> City Hamilton State NJ Zip Code 08619- <hr/> Purpose of Disbursement repair/maintain printers Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80624.E3917 Date of Disbursement 06 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 315.65 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REPAIR/MAINTAIN PRINTERS |

SUBTOTAL of Disbursements This Page (optional) ▶

2063.43

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

**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)
Committee To Reelect Congressman Chris Smith

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80624.E3913 Date of Disbursement 06 / 24 / 2008 |
| | Amount of Each Disbursement this Period 19.90 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | COURIER |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) Martin Gillespie Mailing Address 124 Harvard Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80516.E3863 Date of Disbursement 05 / 16 / 2008 |
| | Amount of Each Disbursement this Period 1652.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | PAYROLL |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Martin Gillespie Mailing Address 124 Harvard Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3898 Date of Disbursement 05 / 30 / 2008 |
| | Amount of Each Disbursement this Period 1652.00 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3323.90 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)

Martin Gillespie

Mailing Address 124 Harvard Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80617.E3906

Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

1652.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Martin Gillespie

Mailing Address 124 Harvard Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
event tkt office supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80624.E3912

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

95.19

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

EVENT TKT OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)

Martin Gillespie

Mailing Address 124 Harvard Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80627.E3925

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1662.65

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

3409.84

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

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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Minuteman Press

Mailing Address 2100 Nottingham Way

City State Zip Code
Trenton NJ 08619-

Purpose of Disbursement
printing mailing
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 80624.E3916
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|----------|
| 11093.10 |
|----------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PRINTING MAILING

B.

Full Name (Last, First, Middle Initial)
Thomas Monaghan

Mailing Address 10047 Gulf Shore Drive

City State Zip Code
Naples FL 34108-

Purpose of Disbursement
Invitations postage catering
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 80617.C35037IK
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 2248.51 |
|---------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: INVITATIONS POST-
AGE CATERING

C.

Full Name (Last, First, Middle Initial)
Hien Ngo

Mailing Address 8001 Bradley Boulevard

City State Zip Code
Bethesda MD 20817-

Purpose of Disbursement
Printing/Postage
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 80617.C35188IK
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 270.99 |
|--------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: PRINTING/POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

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|----------|
| 13612.60 |
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TOTAL This Period (last page this line number only) ▶

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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)
Committee To Reelect Congressman Chris Smith

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Hien Ngo</p> <p>Mailing Address 8001 Bradley Boulevard</p> <p>City Bethesda State MD Zip Code 20817-</p> <p>Purpose of Disbursement Printing/Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80617.C35189IK</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 270.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>IN KIND: PRINTING/POSTAGE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address PO Box 387</p> <p>City Marlton State NJ Zip Code 08053-0387</p> <p>Purpose of Disbursement Workers Comp Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80516.E3865</p> <p>Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 19.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WORKERS COMP INSURANCE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address PO Box 387</p> <p>City Marlton State NJ Zip Code 08053-0387</p> <p>Purpose of Disbursement Payroll taxes impounded</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80516.E3864</p> <p>Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1300.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES IMPOUNDED</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1590.84

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

**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)
Committee To Reelect Congressman Chris Smith

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Paychex, Inc. Mailing Address PO Box 387 City Marlton State NJ Zip Code 08053-0387 Purpose of Disbursement Workers Comp Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3900 Date of Disbursement 05 / 30 / 2008 Amount of Each Disbursement this Period 15.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WORKERS COMP INSURANCE |
| B. | Full Name (Last, First, Middle Initial) Paychex, Inc. Mailing Address PO Box 387 City Marlton State NJ Zip Code 08053-0387 Purpose of Disbursement Payroll taxes impounded Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3899 Date of Disbursement 05 / 30 / 2008 Amount of Each Disbursement this Period 1300.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES IMPOUNDED |
| C. | Full Name (Last, First, Middle Initial) Paychex, Inc. Mailing Address PO Box 387 City Marlton State NJ Zip Code 08053-0387 Purpose of Disbursement Professional Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80617.E3901 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 132.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PROFESSIONAL SERVICES |

SUBTOTAL of Disbursements This Page (optional) ▶

1449.16

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

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**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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Paychex, Inc. | Transaction ID: 80617.E3909 Date of Disbursement 06 / 13 / 2008 |
| | Mailing Address PO Box 387 | Amount of Each Disbursement this Period 19.82 |
| | City Marlton State NJ Zip Code 08053-0387 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Workers Comp Insurance | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | WORKERS COMP INSURANCE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Paychex, Inc. | Transaction ID: 80617.E3908 Date of Disbursement 06 / 13 / 2008 |
| | Mailing Address PO Box 387 | Amount of Each Disbursement this Period 1315.01 |
| | City Marlton State NJ Zip Code 08053-0387 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll taxes impounded | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL TAXES IMPOUNDED |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Paychex, Inc. | Transaction ID: 80627.E3928 Date of Disbursement 06 / 27 / 2008 |
| | Mailing Address PO Box 387 | Amount of Each Disbursement this Period 1498.53 |
| | City Marlton State NJ Zip Code 08053-0387 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll taxes impounded | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL TAXES IMPOUNDED |

SUBTOTAL of Disbursements This Page (optional) ▶

2833.36

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

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)
Committee To Reelect Congressman Chris Smith

A.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address PO Box 387

City Marlton State NJ Zip Code 08053-0387

Purpose of Disbursement
Workers Comp Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80627.E3929

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

22.81

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WORKERS COMP INSURANCE

B.

Full Name (Last, First, Middle Initial)
Postmaster--MAIN Route 130

Mailing Address Route 130 South

City Trenton State NJ Zip Code 08691-

Purpose of Disbursement
replenish BRE account

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80617.E3892

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REPLENISH BRE ACCOUNT

C.

Full Name (Last, First, Middle Initial)
Terrance Schilling

Mailing Address 1 Goembel Court

City Colona State IL Zip Code 61241-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80617.E3907

Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

73.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

595.95

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

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)
Committee To Reelect Congressman Chris Smith

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Terrance Schilling Mailing Address 1 Goembel Court City Colona State IL Zip Code 61241- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80627.E3926 Date of Disbursement 06 / 27 / 2008 Amount of Each Disbursement this Period 457.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Mr. William R. Valentine II Mailing Address 6487 Warwick Circle City Alexandria State VA Zip Code 22315- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80627.E3927 Date of Disbursement 06 / 27 / 2008 Amount of Each Disbursement this Period 439.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 4833 City Trenton State NJ Zip Code 08650-4833 Purpose of Disbursement phones 4755/7350 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3870 Date of Disbursement 05 / 20 / 2008 Amount of Each Disbursement this Period 200.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES 4755/7350 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1097.42 |
| TOTAL This Period (last page this line number only) ▶ | |

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)
Committee To Reelect Congressman Chris Smith

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 4833 <hr/> City Trenton State NJ Zip Code 08650-4833 <hr/> Purpose of Disbursement phones 4755 7350 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80624.E3914 Date of Disbursement 06 / 24 / 2008 |
| | Amount of Each Disbursement this Period 230.45 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | PHONES 4755 7350 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P.O. Box 17464 <hr/> City Baltimore State MD Zip Code 21297-1464 <hr/> Purpose of Disbursement cell 8984 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80521.E3869 Date of Disbursement 05 / 20 / 2008 |
| | Amount of Each Disbursement this Period 69.12 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | CELL 8984 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P.O. Box 17464 <hr/> City Baltimore State MD Zip Code 21297-1464 <hr/> Purpose of Disbursement c3ell 8984 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80624.E3915 Date of Disbursement 06 / 24 / 2008 |
| | Amount of Each Disbursement this Period 67.69 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | C3ELL 8984 |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 367.26 |
| TOTAL This Period (last page this line number only) ▶ | 46947.18 |