

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
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
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 04 01 2007 through 06 30 2007

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 2007

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	10710.00	17177.68
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10710.00	17177.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14351.99	56596.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	664.24	664.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13687.75	55932.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	201850.20	
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 02/2003)

Write or Type Committee Name
Committee To Reelect Congressman Chris Smith

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

0.00

1200.00

(ii) Unitemized.....

210.00

5427.68

(iii) TOTAL of contributions

210.00

6627.68

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

10500.00

10550.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

10710.00

17177.68

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

664.24

664.24

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

2204.51

2703.22

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

13578.75

20545.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14351.99	56596.79
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.....	2010.00	7020.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16361.99	63616.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	204633.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13578.75
25. SUBTOTAL (add Line 23 and Line 24).....	218212.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16361.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	201850.20

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number		
Christopher H. Smith		<input type="text" value="H8NJ04014"/>		
Name of Principal Campaign Committee		Committee ID Number		
Committee To Reelect Congressman Chris Smith		<input type="text" value="C C00096412"/>		
Committee Address				
P.O. Box 3184				
City	State	ZIP		
Hamilton	NJ	08619-		
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election				
	Primary		General	
1. Gross receipts of authorized committees	<input type="text" value="20545.14"/>		<input type="text" value="0.00"/>	
2. Aggregate amount of contributions from personal funds of the candidate	<input type="text" value="0.00"/>		<input type="text" value="0.00"/>	
3. Gross receipts minus the candidate's personal contributions	<input type="text" value="20545.14"/>		<input type="text" value="0.00"/>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Air Line Pilots Assn. PAC

Mailing Address 1625 Massachusetts Ave., NW

City State Zip Code
Washington DC 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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: 70412.C29016

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Ave.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70712.C29036

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Laborers Political League

Mailing Address 905 16th Street NW

City State Zip Code
Washington DC 20006

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 7 / 2 0 0 7

Transaction ID: 70626.C29033

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Natl Assn of Letter Carriers AFL-CIO

Mailing Address 100 Indiana Avenue, N.W.

City	State	Zip Code
Washington	DC	20001-2144

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

Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2007

Transaction ID: 70412.C29017

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	10500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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 checked="" 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)
Verizon Campaign

Mailing Address 7821 New Falls Road, Floor 3

City State Zip Code
Levittown PA 19055-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: 70518.C29027

Amount of Each Receipt this Period
1.21

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

B. Full Name (Last, First, Middle Initial)
Verizon Campaign

Mailing Address 7821 New Falls Road, Floor 3

City State Zip Code
Levittown PA 19055-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
664.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: 70518.C29026

Amount of Each Receipt this Period
663.03

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

SUBTOTAL of Receipts This Page (optional)	▶	664.24
TOTAL This Period (last page this line number only)	▶	664.24

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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

Full Name (Last, First, Middle Initial) A. Roma Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2007	
Mailing Address 2300 Route 33		Transaction ID: 70518.C29024	
City Robbinsville	State NJ	Amount of Each Receipt this Period 1937.50	
Zip Code 08691-1411		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2436.21		

Full Name (Last, First, Middle Initial) B. Roma Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address 2300 Route 33		Transaction ID: 70518.C29029	
City Robbinsville	State NJ	Amount of Each Receipt this Period 51.11	
Zip Code 08691-1411		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2487.32		

Full Name (Last, First, Middle Initial) C. Roma Federal Savings Bank		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address 2300 Route 33		Transaction ID: 70626.C29035	
City Robbinsville	State NJ	Amount of Each Receipt this Period 52.05	
Zip Code 08691-1411		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2539.37		

SUBTOTAL of Receipts This Page (optional) ▶	2040.66
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 28
	(check only one)	
<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

Mailing Address 2300 Route 33

City Robbinsville State NJ Zip Code 08691-1411

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2587.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: 70713.C29038

Amount of Each Receipt this Period
47.85

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

SUBTOTAL of Receipts This Page (optional)	▶	47.85
TOTAL This Period (last page this line number only)	▶	2088.51

**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

Full Name (Last, First, Middle Initial) A. Guinco, Jacobson, Lucas For Council		Transaction ID: 70415.E3482 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address c/o Linda Trench 444 E. Main Street		Amount of Each Disbursement this Period -35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Manasquan State NJ Zip Code 08736-	Purpose of Disbursement D: VOIDED CHECK 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) ▼	D: VOIDED CHECK

Full Name (Last, First, Middle Initial) B. Central NJ Council BSA		Transaction ID: 70626.E3522 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 4315 US Highway 1 South		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monmouth Junction State NJ Zip Code 08852-	Purpose of Disbursement EVENT TICKETS 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) ▼	EVENT TICKETS

Full Name (Last, First, Middle Initial) C. New Jersey State AFL-CIO		Transaction ID: 70518.E3490 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 815 Sixteenth Street, NW		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-	Purpose of Disbursement JOURNAL AD 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) ▼	JOURNAL AD

SUBTOTAL of Disbursements This Page (optional) ▶	1965.00
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)

PAGE 12 / 28

<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

Full Name (Last, First, Middle Initial) A. Cablevision of Hamilton		Transaction ID: 70412.E3477 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO Box 371378		Amount of Each Disbursement this Period 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250-	CABLE MODEM-DEVON	
Purpose of Disbursement CABLE MODEM-DEVON		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) ▼	

Full Name (Last, First, Middle Initial) B. Cablevision of Hamilton		Transaction ID: 70518.E3486 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address PO Box 371378		Amount of Each Disbursement this Period 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250-	CABLE MODEM - HQ	
Purpose of Disbursement CABLE MODEM - HQ		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) ▼	

Full Name (Last, First, Middle Initial) C. Cablevision of Hamilton		Transaction ID: 70518.E3496 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 371378		Amount of Each Disbursement this Period 99.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250-	CABLE MODEMS	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	199.80
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)

PAGE 13 / 28

<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

Full Name (Last, First, Middle Initial) A. Cablevision of Hamilton		Transaction ID: 70626.E3526 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
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	Candidate Name	CABLE MODEMS
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) ▼	

Full Name (Last, First, Middle Initial) B. Chase Card Services		Transaction ID: 70518.E3491 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 47.79
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	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) C. Shell Oil		Transaction ID: 70518.E3493 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7
Mailing Address Route 33 West		Amount of Each Disbursement this Period 47.79
City Hamilton Square 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	Candidate Name	[MEMO ITEM] MEMO:
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) ▶	147.69
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

Full Name (Last, First, Middle Initial) A. Chase Card Services		Transaction ID: 70626.E3508 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 117.26
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	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) B. Shell Oil		Transaction ID: 70626.E3509 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address Route 33 West		Amount of Each Disbursement this Period 62.71
City Hamilton Square 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 TRAVEL EXPENSE	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
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) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 70626.E3510 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address Hamilton Square 670 North Route 33		Amount of Each Disbursement this Period 54.55
City Hamilton State NJ Zip Code 08619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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) ▶	117.26
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

Full Name (Last, First, Middle Initial) A. Chase Card Services		Transaction ID: 70626.E3524 Date of Disbursement 06 / 25 / 2007
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 59.53
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	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) B. Constance Carey		Transaction ID: 70412.E3473 Date of Disbursement 04 / 06 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▼	

Full Name (Last, First, Middle Initial) C. Constance Carey		Transaction ID: 70518.E3483 Date of Disbursement 04 / 20 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▶	1753.57
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Constance Carey		Transaction ID: 70518.E3499 Date of Disbursement 05 / 04 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Constance Carey		Transaction ID: 70626.E3502 Date of Disbursement 05 / 17 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Constance Carey		Transaction ID: 70626.E3517 Date of Disbursement 05 / 31 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2541.06
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

Full Name (Last, First, Middle Initial) A. Constance Carey		Transaction ID: 70626.E3530 Date of Disbursement 06 / 15 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Constance Carey		Transaction ID: 70712.E3534 Date of Disbursement 06 / 29 / 2007
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 847.02
City Robbinsville State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70518.E3487 Date of Disbursement 04 / 24 / 2007
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 13.51
City Pittsburgh State PA Zip Code 15250-7461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COURIER	Category/ Type	COURIER
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1707.55
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70626.E3507 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 26.96
City Pittsburgh State PA Zip Code 15250-7461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COURIER	Candidate Name	COURIER
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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70626.E3529 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 32.52
City Pittsburgh State PA Zip Code 15250-7461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COURIER	Candidate Name	COURIER
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) ▼	

Full Name (Last, First, Middle Initial) C. William Kenny, DMD		Transaction ID: 70518.E3494 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 304 White Horse Road		Amount of Each Disbursement this Period 500.00
City Hamilton State NJ Zip Code 08610-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT HQ	Candidate Name	RENT HQ
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) ▶	559.48
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. William Kenny, DMD		Transaction ID: 70626.E3505 Date of Disbursement 05 / 28 / 2007	
Mailing Address 304 White Horse Road		Amount of Each Disbursement this Period 500.00	
City Hamilton State NJ Zip Code 08610-	Purpose of Disbursement RENT HQ	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	RENT HQ	

Full Name (Last, First, Middle Initial) B. William Kenny, DMD		Transaction ID: 70626.E3523 Date of Disbursement 06 / 25 / 2007	
Mailing Address 304 White Horse Road		Amount of Each Disbursement this Period 500.00	
City Hamilton State NJ Zip Code 08610-	Purpose of Disbursement RENT HQ	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	RENT HQ	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70412.E3475 Date of Disbursement 04 / 06 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 8.05	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	1008.05
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70412.E3474 Date of Disbursement 04 / 06 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL TAXES IMPOUNDED	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: 70412.E3476 Date of Disbursement 04 / 10 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 111.78	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PROFESSIONAL SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PROFESSIONAL SERVICES	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70518.E3484 Date of Disbursement 04 / 20 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL TAXES IMPOUNDED	

SUBTOTAL of Disbursements This Page (optional) ▶	990.78
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70518.E3485 Date of Disbursement 04 / 20 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 12.22	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type WORKERS COMP INSURANCE	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: 70518.E3501 Date of Disbursement 05 / 04 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 12.22	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type WORKERS COMP INSURANCE	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70518.E3500 Date of Disbursement 05 / 04 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL TAXES IMPOUNDED	

SUBTOTAL of Disbursements This Page (optional) ▶	463.94
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70518.E3495 Date of Disbursement 05 / 14 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 114.78
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PROFESSIONAL SERVICES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PROFESSIONAL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name Category/Type	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: 70626.E3503 Date of Disbursement 05 / 18 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES IMPOUNDED
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name Category/Type	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70626.E3504 Date of Disbursement 05 / 18 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 12.22
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WORKERS COMP INSURANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	566.50
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70626.E3514 Date of Disbursement 06 / 01 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: 70626.E3515 Date of Disbursement 06 / 01 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 12.22	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70626.E3516 Date of Disbursement 06 / 07 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 169.78	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PROFESSIONAL SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PROFESSIONAL SERVICES	

SUBTOTAL of Disbursements This Page (optional) ▶	621.50
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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70626.E3532 Date of Disbursement 06 / 15 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 12.22
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	Candidate Name	WORKERS COMP INSURANCE
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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: 70626.E3531 Date of Disbursement 06 / 15 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50
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	Candidate Name	PAYROLL TAXES IMPOUNDED
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) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: 70712.E3536 Date of Disbursement 06 / 29 / 2007
Mailing Address PO Box 387		Amount of Each Disbursement this Period 8.05
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	Candidate Name	WORKERS COMP INSURANCE
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) ▶	459.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: 70712.E3535 Date of Disbursement 06 / 29 / 2007	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 439.50	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70412.E3479 Date of Disbursement 04 / 10 / 2007	
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 95.23	
City Trenton State NJ Zip Code 08650-4833	Purpose of Disbursement PHONE 7350	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PHONE 7350	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70412.E3478 Date of Disbursement 04 / 10 / 2007	
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 84.50	
City Trenton State NJ Zip Code 08650-4833	Purpose of Disbursement PHONE 4755	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PHONE 4755	

SUBTOTAL of Disbursements This Page (optional) ▶	619.23
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

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70518.E3497 Date of Disbursement 05 / 14 / 2007
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 82.56
City Trenton State NJ Zip Code 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE 4755	Candidate Name	PHONE 4755
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70626.E3528 Date of Disbursement 06 / 25 / 2007
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 82.93
City Trenton State NJ Zip Code 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE 4755	Candidate Name	PHONE 4755
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70518.E3488 Date of Disbursement 04 / 24 / 2007
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 69.02
City Baltimore State MD Zip Code 21297-1464	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL 8984	Candidate Name	CELL 8984
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) ▶	234.51
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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70518.E3498 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 72.28
City Baltimore State MD Zip Code 21297-1464	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL 8984	Candidate Name	CELL 8984
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70626.E3527 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 69.02
City Baltimore State MD Zip Code 21297-1464	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL 8984	Candidate Name	CELL 8984
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) ►

141.30

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

14096.99

**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 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 checked="" type="checkbox"/>	21

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

Full Name (Last, First, Middle Initial)

A. Rick Renzi For Congress

Mailing Address 122 E. Route 66, #2

City Flagstaff State AZ Zip Code 86001-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70626.E3533

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	5		1	6		2	0	0	7

Amount of Each Disbursement this Period

2000.00

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

contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00