

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Diane Smith for Montana

ADDRESS (number and street)

P.O. Box 4786

Check if different than previously reported. (ACC)

Whitefish

MT

59937

2. FEC IDENTIFICATION NUMBER ▼

C C00505677

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MT

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2012

through

M M /

D D /

Y Y Y Y 2012

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 David Pickeral

Signature of Treasurer David Pickeral

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Diane Smith for Montana

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2012 To: M M / D D / Y Y Y Y 03 / 31 / 2012

| | 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)).... | 35513.90 | 136047.18 |
| (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))..... | 35513.90 | 136047.18 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 44890.63 | 69415.99 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 109.99 | 109.99 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 44780.64 | 69306.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 68196.34 | |
| 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)..... | 1955.16 | |

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

Diane Smith for Montana

Report Covering the Period: From: / / To: / /

| 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)..... | 30238.90 | 105017.85 |
| (ii) Unitemized..... | 3025.00 | 10605.11 |
| (iii) TOTAL of contributions from individuals ▶ | 33263.90 | 116122.96 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2250.00 | 11500.00 |
| (d) The Candidate..... | 0.00 | 8424.22 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 35513.90 | 136047.18 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 1955.16 | 1955.16 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 1955.16 | 1955.16 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 109.99 | 109.99 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 37579.05 | 138112.33 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 44890.63 | 69415.99 |
| 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 | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 44890.63 | 69415.99 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 75507.92 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 37579.05 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 113086.97 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 44890.63 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 68196.34 |

**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 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Jonathan Adelstein

Mailing Address 3709 30th st., north

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: USDA Occupation: rus administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 26 / 2012

Transaction ID : C8541388

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Kevin L. Beebe

Mailing Address 1888 6th St., S.

City: Naples State: FL Zip Code: 34102

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : C8575494

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Shirley A. Bloomfield

Mailing Address 1701 N Inglewood St

City: Arlington State: VA Zip Code: 22205-3047

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

Name of Employer: ntca Occupation: CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 26 / 2012

Transaction ID : C8541446

Amount of Each Receipt this Period: 250.00

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

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

1500.00

**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 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
malcolm burnside

Mailing Address 20 Marina Dr

City State Zip Code
Harveys Lake PA 18618-9769

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

Name of Employer self Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : C8538779

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Larry Clinton

Mailing Address 9507 Saybrook Ave.

City State Zip Code
Silver Spring MD 20901

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

Name of Employer Internet Security Alliance Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8575486

Amount of Each Receipt this Period
500.00

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

Mailing Address 1530 o st., nw

City State Zip Code
Washington DC 20005

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

Name of Employer rison society Occupation exec. dir.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541445

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Reed Dellinger

Mailing Address 1120 connecticut ave., n.w.,
suite 400

City Washington State DC Zip Code 20036

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

Name of Employer Washington Analysis Occupation Writer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
249.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541426

Amount of Each Receipt this Period
249.00

B. Full Name (Last, First, Middle Initial)
Louis Fontana

Mailing Address PO Box 9674

City Kalispell State MT Zip Code 59904-2674

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

Name of Employer Avail-TVN Occupation Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541758

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Bobby Franklin

Mailing Address 2707 S Ives St

City Arlington State VA Zip Code 22202-2373

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

Name of Employer CTIA Occupation Executive Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8575487

Amount of Each Receipt this Period
500.00

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

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

1249.00

**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 8 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Francis X Frantz

Mailing Address 952 spinnakers reach dr.

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
retired retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541374

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gene Gabbard

Mailing Address 102 Marseille Pl

City State Zip Code
Cary NC 27511-6016

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

Name of Employer Occupation
Self Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8544682

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Brian Grant

Mailing Address 2690 Wheatgrass Rd

City State Zip Code
Helena MT 59602-8870

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

Name of Employer Occupation
State of Montana, DNRC Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8543783

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
brian grattan

Mailing Address 28 Fairway Vw

City State Zip Code
Whitefish MT 59937-3265

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8545438

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Christine Hagstrom

Mailing Address 6690 Vista Del Mar Apt H

City State Zip Code
Playa Del Rey CA 90293-7575

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : C8534706

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Donald Harvell

Mailing Address 13029 Hummingbird Rd

City State Zip Code
Elkins AR 72727-8696

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

Name of Employer self employed Occupation tree farm

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012

Transaction ID : C8423654

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 10 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Stephen Kraskin

Mailing Address 10605 Bit and Spur Ln

City Potomac State MD Zip Code 20854-1564

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

Name of Employer self Occupation attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : C8545567

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Liz Marchi

Mailing Address 40979 Valley View Rd

City Polson State MT Zip Code 59860-8350

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

Name of Employer Self employed Occupation Marketing Finance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2012

Transaction ID : C8338258

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Liz Marchi

Mailing Address 40979 Valley View Rd

City Polson State MT Zip Code 59860-8350

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

Name of Employer Self employed Occupation Marketing Finance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2012

Transaction ID : C8454996

Amount of Each Receipt this Period
50.00

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

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

2600.00

**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 11 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Liz Marchi

Mailing Address 40979 Valley View Rd

| | | |
|----------------|-------------|------------------------|
| City Polson | State MT | Zip Code 59860-8350 |
|----------------|-------------|------------------------|

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

| | |
|-----------------------------------|---------------------------------|
| Name of Employer Self employed | Occupation Marketing Finance |
|-----------------------------------|---------------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2012

Transaction ID : C8501837

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mary McManus

Mailing Address 4624 48th St NW

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20016-4443 |
|--------------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer Comcast Corp. | Occupation Attorney |
|-----------------------------------|------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2012

Transaction ID : C8423679

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Phil Mitchell

Mailing Address PO Box 1567

| | | |
|-------------------|-------------|-------------------|
| City Whitefish | State MT | Zip Code 59937 |
|-------------------|-------------|-------------------|

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

| | |
|--------------------------|-------------------------------------|
| Name of Employer Self | Occupation Information Requested |
|--------------------------|-------------------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8575489

Amount of Each Receipt this Period
400.00

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

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

950.00

**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 12 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Allison O'Briant

Mailing Address 2626 Cole Ave
Ste 504

City Dallas State TX Zip Code 75204-0822

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

Name of Employer self Occupation investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2012

Transaction ID : C8374119

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Allison O'Briant

Mailing Address 2626 Cole Ave
Ste 504

City Dallas State TX Zip Code 75204-0822

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

Name of Employer self Occupation investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C8485759

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Allison O'Briant

Mailing Address 2626 Cole Ave
Ste 504

City Dallas State TX Zip Code 75204-0822

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

Name of Employer self Occupation investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C8699697

Amount of Each Receipt this Period
1000.00

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

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

3500.00

**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 13 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Doug O'Briant

Mailing Address 2626 Cole Avenue

City Dallas State TX Zip Code 75204

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : C8699706

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Christopher R. Parandian

Mailing Address 1934 Calvert St NW Apt 4

City Washington State DC Zip Code 20009-1569

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

Name of Employer tin can communications Occupation ceo

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541372

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Steve Perry

Mailing Address 4087 Ridgeview Circle

City Mc Lean State VA Zip Code 22101

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : C8456356

Amount of Each Receipt this Period
250.00

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

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

3250.00

**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 14 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Barbara Phillips | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012 |
| Mailing Address 35 S Clermont St | | Transaction ID : C8551121 |
| City Denver | State CO | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Na | Occupation Retired | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1550.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Glenn S. Rabin | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012 |
| Mailing Address 400 Epping Way | | Transaction ID : C8541386 |
| City Annapolis | State MD | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Northfolk Strategies | Occupation Attorney | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2389.47 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. George Reed-Dellinger | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 03 / 2012 |
| Mailing Address 1120 Connecticut Ave NW Ste 400 | | Transaction ID : C8508328 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Washington Analysis | Occupation Telecommunications Analyst | |
| Receipt For: 2012 <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)..... | 1250.00 |
| 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 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Allison Remsen

Mailing Address 227 10th St NE

City Washington State DC Zip Code 20002

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

Name of Employer Mobile Future Occupation Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2012

Transaction ID : C8541380

Amount of Each Receipt this Period
250.00

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

Mailing Address 314 Kentucky Ave SE

City Washington State DC Zip Code 20003-2322

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

Name of Employer verizon Occupation vice president

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2012

Transaction ID : C8541377

Amount of Each Receipt this Period
250.00

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

Mailing Address 505 Lakewood Ct

City Whitefish State MT Zip Code 59937-8093

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 29 / 2012

Transaction ID : C8496784

Amount of Each Receipt this Period
2500.00

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

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

3000.00

**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 16 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 505 Lakewood Ct

City State Zip Code
Whitefish MT 59937-8093

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : C8503636

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Larry Smith

Mailing Address 4839 Sangamore Rd # 1601

City State Zip Code
Bethesda MD 20816-3502

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

Name of Employer Legislative Strategies Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1489.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : C8479509

Amount of Each Receipt this Period
489.90

* In-Kind: Fundraising Lunch

C. Full Name (Last, First, Middle Initial)
G.D. Stillie

Mailing Address PO Box 2305

City State Zip Code
Bigfork MT 59911

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2012

Transaction ID : C8529000

Amount of Each Receipt this Period
250.00

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

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

3239.90

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 1405 greenwood pl.

| | | |
|--------------------|-------------|-------------------|
| City Alexandria | State VA | Zip Code 22304 |
|--------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer verizon communications, inc. | Occupation executive |
|--|-------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541441

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Pamela Totten

Mailing Address PO Box 2305

| | | |
|-----------------|-------------|-------------------|
| City Bigfork | State MT | Zip Code 59911 |
|-----------------|-------------|-------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer Information Requested | Occupation Information Requested |
|---|-------------------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2012

Transaction ID : C8529017

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Cheryl Tritt

Mailing Address 5009 Fort Sumner Dr

| | | |
|------------------|-------------|------------------------|
| City Bethesda | State MD | Zip Code 20816-1942 |
|------------------|-------------|------------------------|

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

| | |
|---|------------------------|
| Name of Employer Wilkinson, Barker, Knauer | Occupation Attorney |
|---|------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8575501

Amount of Each Receipt this Period
200.00

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

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

950.00

**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 18 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Donald Wetzel

Mailing Address 439 Grand Dr
191

City State Zip Code
Bigfork MT 59911-3614

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

Name of Employer Occupation
Palomar Engineering Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : C8516391

Amount of Each Receipt this Period
1500.00

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

Mailing Address 525 Dakota Ave

City State Zip Code
Whitefish MT 59937-2104

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

Name of Employer Occupation
North Valley Hospital Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : C8494011

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kathryn Zachem

Mailing Address 4728 23rd St N

City State Zip Code
Arlington VA 22207-3409

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

Name of Employer Occupation
Comcast Corporation Sr. VP, Regulatory & State Legislative

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : C8698454

Amount of Each Receipt this Period
2500.00

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

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

4250.00

**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 19 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Kathryn Zachem

Mailing Address 4728 23rd St N

City State Zip Code
Arlington VA 22207-3409

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

Name of Employer Occupation
Comcast Corporation Sr. VP, Regulatory & State Legislative

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : C8538839

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David W Zesiger

Mailing Address 4450 S Park Ave
Apt 1601

City State Zip Code
Chevy Chase MD 20815-3644

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

Name of Employer Occupation
Northfork Strategies LLC Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : C8536443

Amount of Each Receipt this Period
500.00

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

Mailing Address 505 Lakewood Ct

City State Zip Code
Whitefish MT 59937-8093

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

Name of Employer Occupation
self investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : C8504202

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]
* Contribution re-designated

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

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

1000.00

**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 20 OF 46 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Marie Shaw | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2012 |
| Mailing Address | | Transaction ID : C8504205 |
| City | State Zip Code MT | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Information Requested | Occupation Information Requested | [MEMO ITEM] * Redesignated Contribution |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / D D / Y Y Y Y Y Y |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / D D / Y Y Y Y Y Y |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 30238.90 |

**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 21 OF 46 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Alenco Communications

Mailing Address PO Box 1000

City State Zip Code
Joshua TX 76058

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : C8575484

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Leadership in a New Century PAC

Mailing Address 124 West Cptal Ave., Suite 1630

City State Zip Code
Little Rock AR 72201

FEC ID number of contributing federal political committee. **C** C00366179

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : C8575496

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Verizon Communications Inc./Verizon Good Gov't Club

Mailing Address 1300 I St., NW
4th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2012

Transaction ID : C8541450

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

2250.00

**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 22 OF 46 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Diane Smith | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2012 | |
| Mailing Address P.O. Box 4786 | | Transaction ID : C8698455 | |
| City Whitefish | State MT | Zip Code 59937 | |
| FEC ID number of contributing federal political committee. C H2MT00070 | | Amount of Each Receipt this Period 507.82 | |
| Name of Employer Self | Occupation Candidate | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10379.38 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Diane Smith | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2012 | |
| Mailing Address P.O. Box 4786 | | Transaction ID : C8698457 | |
| City Whitefish | State MT | Zip Code 59937 | |
| FEC ID number of contributing federal political committee. C H2MT00070 | | Amount of Each Receipt this Period 17.50 | |
| Name of Employer Self | Occupation Candidate | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10379.38 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Diane Smith | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2012 | |
| Mailing Address P.O. Box 4786 | | Transaction ID : C8698456 | |
| City Whitefish | State MT | Zip Code 59937 | |
| FEC ID number of contributing federal political committee. C H2MT00070 | | Amount of Each Receipt this Period 1429.84 | |
| Name of Employer Self | Occupation Candidate | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 10379.38 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1955.16 |
| TOTAL This Period (last page this line number only)..... | 1955.16 |

**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 23 OF 46 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 01 / 30 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Tax | Candidate Name | Amount of Each Disbursement this Period 1111.01 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | Category/Type | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 01 / 27 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Service Fee | Candidate Name | Amount of Each Disbursement this Period 25.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | Category/Type | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 01 / 27 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Service Fee | Candidate Name | Amount of Each Disbursement this Period 10.50 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | Category/Type | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1146.51 |
| 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) | PAGE 24 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 53.00 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Service Fee | Transaction ID : D594235 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 1111.00 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Tax | Transaction ID : D594236 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 78.00 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Service Fee | Transaction ID : D594237 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1242.00 |
| 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 25 OF 46 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 53.00 Transaction ID : D608547 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Service Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 1245.47 Transaction ID : D610964 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Tax | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012 |
| Mailing Address 1 ADP Boulevard | | Amount of Each Disbursement this Period 58.00 Transaction ID : D610967 |
| City Roseland | State NJ | |
| Zip Code 07068 | Purpose of Disbursement Payroll Service Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1356.47 |
| 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 26 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 02 / 27 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Service Fee | Amount of Each Disbursement this Period 53.00 | |
| Candidate Name | Transaction ID : D610970 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/ Type | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 02 / 24 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Tax | Amount of Each Disbursement this Period 2191.55 | |
| Candidate Name | Transaction ID : D610972 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/ Type | |

| | | |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. ADP | | Date of Disbursement |
| Mailing Address 1 ADP Boulevard | | M M / D D / Y Y Y Y 02 / 14 / 2012 |
| City Roseland | State NJ | Zip Code 07068 |
| Purpose of Disbursement Payroll Tax | Amount of Each Disbursement this Period 1753.48 | |
| Candidate Name | Transaction ID : D610976 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | Category/ Type | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3998.03 |
| 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 27 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | | | | |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. ADP | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012 | | |
| Mailing Address 1 ADP Boulevard | | | Amount of Each Disbursement this Period 53.00 | | |
| City Roseland | State NJ | Zip Code 07068 | Transaction ID : D610978 | | |
| Purpose of Disbursement Payroll Service Fee | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Best Western | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012 | | |
| Mailing Address 1325 North 7th Avenue | | | Amount of Each Disbursement this Period 38.95 | | |
| City Bozeman | State MT | Zip Code 59715 | Transaction ID : D608518 | | |
| Purpose of Disbursement Candidate Travel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial) c. Best Western | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012 | | |
| Mailing Address 1325 North 7th Avenue | | | Amount of Each Disbursement this Period 50.10 | | |
| City Bozeman | State MT | Zip Code 59715 | Transaction ID : D608519 | | |
| Purpose of Disbursement Candidate Travel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 142.05 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Best Western | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address 1325 North 7th Avenue | | Amount of Each Disbursement this Period 134.68 Transaction ID : D608520 |
| City Bozeman State MT Zip Code 59715 | Purpose of Disbursement Candidate Travel | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Best Western | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address 1325 North 7th Avenue | | Amount of Each Disbursement this Period 134.68 Transaction ID : D608521 |
| City Bozeman State MT Zip Code 59715 | Purpose of Disbursement Candidate Travel | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Eric Bornstein | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 1076.12 Transaction ID : D611045 |
| City State Zip Code 92868 | Purpose of Disbursement Payroll | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1345.48 |
| 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) | | PAGE 29 OF 46 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. John Brushwood | | Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 1414.21 Transaction ID : D611042 |
| City | State Zip Code 59101 | |
| Purpose of Disbursement Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. John Brushwood | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 1414.21 Transaction ID : D611043 |
| City | State Zip Code 59101 | |
| Purpose of Disbursement Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. John Brushwood | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 2206.09 Transaction ID : D611044 |
| City | State Zip Code 59101 | |
| Purpose of Disbursement Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5034.51 |
| 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) | PAGE 30 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address P.O. Box 20706 | | Amount of Each Disbursement this Period 903.20 Transaction ID : D608548 |
| City Atlanta | State GA | |
| Zip Code 30320 | Purpose of Disbursement Candidate Travel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mitchell Emerson | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012 |
| Mailing Address 5308 Glasgow Avenue | | Amount of Each Disbursement this Period 2340.55 Transaction ID : D594238 |
| City Orlando | State FL | |
| Zip Code 32819 | Purpose of Disbursement Payroll | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Mitchell Emerson | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address 5308 Glasgow Avenue | | Amount of Each Disbursement this Period 2340.56 Transaction ID : D594239 |
| City Orlando | State FL | |
| Zip Code 32819 | Purpose of Disbursement Payroll | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5584.31 |
| 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 31 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mitchell Emerson | | Date of Disbursement MM / DD / YYYY 02 / 14 / 2012 |
| Mailing Address 5308 Glasgow Avenue | | Amount of Each Disbursement this Period 2340.56 Transaction ID : D611040 |
| City Orlando | State FL | |
| Zip Code 32819 | Purpose of Disbursement Payroll | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mitchell Emerson | | Date of Disbursement MM / DD / YYYY 02 / 27 / 2012 |
| Mailing Address 5308 Glasgow Avenue | | Amount of Each Disbursement this Period 2340.56 Transaction ID : D611041 |
| City Orlando | State FL | |
| Zip Code 32819 | Purpose of Disbursement Payroll | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. First Bank Merchant Services | | Date of Disbursement MM / DD / YYYY 01 / 03 / 2012 |
| Mailing Address P.O. Box 407066 | | Amount of Each Disbursement this Period 320.71 Transaction ID : D594252 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5001.83 |
| 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 32 OF 46 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. First Bank Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012 |
| Mailing Address P.O. Box 407066 | | Amount of Each Disbursement this Period 489.33 Transaction ID : D610784 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. First Bank Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address P.O. Box 407066 | | Amount of Each Disbursement this Period 178.67 Transaction ID : D610786 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Fly Girls Media | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address Columbia Avenue | | Amount of Each Disbursement this Period 2240.00 Transaction ID : D594249 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement New Media Consultant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2908.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Fly Girls Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address Columbia Avenue | | Amount of Each Disbursement this Period 1900.00 Transaction ID : D610781 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement New Media Consultant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Fly Girls Media | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 |
| Mailing Address Columbia Avenue | | Amount of Each Disbursement this Period 900.00 Transaction ID : D610782 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement New Media Consultant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Hampton Inn | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012 |
| Mailing Address 3499 Harrison Avenue | | Amount of Each Disbursement this Period 118.70 Transaction ID : D608542 |
| City Butte | State MT | |
| Zip Code 59701 | Purpose of Disbursement Candidate Travel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2918.70 |
| 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 34 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Hampton Inn | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012 |
| Mailing Address 3499 Harrison Avenue | | Amount of Each Disbursement this Period 118.33 Transaction ID : D608543 |
| City Butte | State MT | |
| Zip Code 59701 | Purpose of Disbursement Candidate Travel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Hampton Inn | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012 |
| Mailing Address 3499 Harrison Avenue | | Amount of Each Disbursement this Period 118.33 Transaction ID : D608544 |
| City Butte | State MT | |
| Zip Code 59701 | Purpose of Disbursement Candidate Travel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Hotwire.com | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012 |
| Mailing Address 655 Montgomery Street | | Amount of Each Disbursement this Period 532.00 Transaction ID : D608563 |
| City San Francisco | State CA | |
| Zip Code 94111 | Purpose of Disbursement Candidate Hotel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 768.66 |
| 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 35 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Kintla Copy | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address 503 Railway Street | | Amount of Each Disbursement this Period 3860.32 Transaction ID : D608550 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement Signage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Kintla Copy | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 |
| Mailing Address 503 Railway Street | | Amount of Each Disbursement this Period 125.00 Transaction ID : D608551 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement Signage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Rodd McLeod | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address P.O. Box 40398 | | Amount of Each Disbursement this Period 3599.32 Transaction ID : D610780 |
| City Tucson | State AZ | |
| Zip Code 85717 | Purpose of Disbursement Political and Communications Consultant | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3860.32 |
| 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 36 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Montana Democrats | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012 |
| Mailing Address P.O. Box 802 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D610787 |
| City Helena | State MT | |
| Zip Code 59624 | Purpose of Disbursement Party Event Table Purchase | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Montana Democrats | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012 |
| Mailing Address P.O. Box 802 | | Amount of Each Disbursement this Period 700.00 Transaction ID : D597244 |
| City Helena | State MT | |
| Zip Code 59624 | Purpose of Disbursement Voter File | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Quality Inn | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address 2100 Cornell Avenue | | Amount of Each Disbursement this Period 156.06 Transaction ID : D608565 |
| City Butte | State MT | |
| Zip Code 59701 | Purpose of Disbursement Candidate Hotel | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1856.06 |
| 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) | PAGE 37 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Quality Inn | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 | | |
| Mailing Address 2100 Cornell Avenue | | | Amount of Each Disbursement this Period 156.06 | | |
| City Butte | State MT | Zip Code 59701 | Transaction ID : D608566 | | |
| Purpose of Disbursement Candidate Hotel | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Safeway | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012 | | |
| Mailing Address 110 West 13th Street | | | Amount of Each Disbursement this Period 82.59 | | |
| City Whitefish | State MT | Zip Code 59937 | Transaction ID : D608530 | | |
| Purpose of Disbursement Gasoline | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Safeway | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 | | |
| Mailing Address 110 West 13th Street | | | Amount of Each Disbursement this Period 34.13 | | |
| City Whitefish | State MT | Zip Code 59937 | Transaction ID : D608531 | | |
| Purpose of Disbursement Gasoline | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 272.78 |
| 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 38 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Savoy Suites | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address 2505 Wisconsin Avenue NW | | Amount of Each Disbursement this Period 766.68 |
| City Washington | State DC | |
| Zip Code 20007 | Purpose of Disbursement Candidate Travel | Transaction ID : D608549 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Larry Smith | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 4839 Sangamore Rd # 1601 | | Amount of Each Disbursement this Period 489.90 |
| City Bethesda | State MD | |
| Zip Code 20816-3502 | Purpose of Disbursement Fundraising Lunch | Transaction ID : D597290 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | * In-Kind Received |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. State of Montana | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012 |
| Mailing Address 1305 East 16th Avenue | | Amount of Each Disbursement this Period 1740.00 |
| City Helena | State MT | |
| Zip Code 59601 | Purpose of Disbursement Filing Fee | Transaction ID : D608557 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2996.58 |
| 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 39 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Three Guys Building | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 |
| Mailing Address 713 East 13th Street | | Amount of Each Disbursement this Period 300.00 Transaction ID : D610777 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement Office Rent | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Three Guys Building | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012 |
| Mailing Address 713 East 13th Street | | Amount of Each Disbursement this Period 300.00 Transaction ID : D610778 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement Office Rent | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. American Express | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012 |
| Mailing Address 200 Vesey Street | | Amount of Each Disbursement this Period 507.82 Transaction ID : D610793 |
| City New York | State NY | |
| Zip Code 10285 | Purpose of Disbursement Credit Card Payment | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1107.82 |
| TOTAL This Period (last page this line number only)..... | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : D610793

Credit Card - see below if itemized

Form/Schedule:

Transaction ID:

**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 41 OF 46 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012 |
| Mailing Address 200 Vesey Street | | Amount of Each Disbursement this Period 1429.84 |
| City New York | State NY | |
| Zip Code 10285 | Purpose of Disbursement Credit Card Payment | Transaction ID : D610794 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Hotel Finlen | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012 |
| Mailing Address 100 E Broadway St | | Amount of Each Disbursement this Period 231.12 |
| City Butte | State MT | |
| Zip Code 59701-9351 | Purpose of Disbursement Lodging | Transaction ID : D610842 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Safeway | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012 |
| Mailing Address 110 West 13th Street | | Amount of Each Disbursement this Period 56.65 |
| City Whitefish | State MT | |
| Zip Code 59937 | Purpose of Disbursement Gas | Transaction ID : D610862 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1429.84 |
| TOTAL This Period (last page this line number only)..... | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : D610794

Credit Card - see below if itemized

Form/Schedule:

Transaction ID:

**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 43 OF 46 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

| | | |
|---|--|----------------------------------|
| Full Name (Last, First, Middle Initial) A. Safeway | | Date of Disbursement |
| Mailing Address 110 West 13th Street | | MM / DD / YYYY 03 / 22 / 2012 |
| City Whitefish | State MT | Zip Code 59937 |
| Purpose of Disbursement Gasoline | Amount of Each Disbursement this Period 34.82 | |
| Candidate Name | Transaction ID : D610961 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | [MEMO ITEM] | |

| | | |
|---|--|----------------------|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Disbursement | Amount of Each Disbursement this Period | |
| Candidate Name | Category/Type | |
| 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: | | |

| | | |
|---|--|----------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Disbursement | Amount of Each Disbursement this Period | |
| Candidate Name | Category/Type | |
| 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: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 42969.95 |

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Transaction ID : L1017

LOAN SOURCE Full Name (Last, First, Middle Initial)
Diane Smith PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 4786

City State ZIP Code
Whitefish MT 59937

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
507.82 0.00 507.82

TERMS

Date Incurred Date Due Interest Rate Secured:
02 / 13 / 2012 M M / D D / 12/31/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)..... ▶ 507.82

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Diane Smith for Montana** Transaction ID : L1018

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Diane Smith PERS FUNDS | [PERSONAL FUNDS] | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 4786 | | |

| | | |
|-----------|-------|----------|
| City | State | ZIP Code |
| Whitefish | MT | 59937 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1429.84 | 0.00 | 1429.84 |

TERMS

| | | | |
|----------------------|--------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 03 / D 22 / Y 2012 | M M / D D / Y 12/31/2012 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional)..... | 1429.84 |
| TOTALS This Period (last page in this line only)..... | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Transaction ID : **L1019**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Diane Smith PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 4786

City State ZIP Code
Whitefish MT 59937

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 17.50 | 0.00 | 17.50 |

TERMS

Date Incurred: M 03 / D 10 / Y 2012
 Date Due: M M / D D / Y 12/31/2012
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|---------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 17.50 |
| TOTALS This Period (last page in this line only)..... | ▶ | 1955.16 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.