

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 JAN 28 PM 2:37

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SENATOR BOB SMITH

ADDRESS (number and street)

PO BOX 21

Check if different than previously reported. (ACC)

MERRIMACK

NH

03054

2. FEC IDENTIFICATION NUMBER ▼

C C00552968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NH 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer *SCOTT B MACKENZIE*

Date

/ /

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)

14020020373

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 16

Write or Type Committee Name

FRIENDS OF SENATOR BOB SMITH

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y
2013			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2013			

	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))	30476.69	30476.69
(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))	30476.69	30476.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8804.00	8804.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8804.00	8804.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	21672.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

14020020374

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 16

Write or Type Committee Name

FRIENDS OF SENATOR BOB SMITH

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y	Y	Y
2	0	1	3		

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y	Y	Y
2	0	1	3		

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)

24350.69

24350.69

(ii) Unitemized

1126.00

1126.00

(iii) TOTAL of contributions from individuals ▶

25476.69

25476.69

(b) Political Party Committees.....

0.00

0.00

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

5000.00

5000.00

(d) The Candidate

0.00

0.00

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

30476.69

30476.69

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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)..... ▶

30476.69

30476.69

14020020375

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8804.00	8804.00
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) ▶	8804.00	8804.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30476.69
25. SUBTOTAL (add Line 23 and Line 24).....	30476.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8804.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21672.69

14020020376

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

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

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

A. Full Name (Last, First, Middle Initial) MS JANE BATTLES 190			Date of Receipt MM / DD / YYYY 12 / 16 / 2013	
Mailing Address 500 E LANCASTER AVE #125A			Transaction ID : SA11AI.4119	
City WAYNE State PA Zip Code 19087	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer HERITAGE REAL ESTATE CO Occupation REAL ESTATE	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) MR WILLIAM D BIGGS 324			Date of Receipt MM / DD / YYYY 12 / 17 / 2013	
Mailing Address 23313 FRONT BEACH RD			Transaction ID : SA11AI.4123	
City PANAMA CITY State FL Zip Code 32413	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NONE Occupation RETIRED	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) MR ERIC W BLANCHARD 100			Date of Receipt MM / DD / YYYY 12 / 31 / 2013	
Mailing Address 180 RIVERSIDE BLVD APT 28E			Transaction ID : SA11AI.4125	
City NEW YORK State NY Zip Code 10069	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer COVINGTON & BURLING LLP Occupation ATTORNEY	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	3850.00

14020020377

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

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<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)
FRIENDS OF SENATOR BOB SMITH

A. Full Name (Last, First, Middle Initial)
MRS DENIECE F BRANSON 331

Mailing Address **8357 SW 182ND TERRACE**

City **PALMETTO BAY** State **FL** Zip Code **33157**

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

Name of Employer **OFFICE ADMINISTRATIVE SOLUTIONS LLC** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
12 / 24 / 2013

Transaction ID : **SA11AI.4129**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH C CHALAIRE 786

Mailing Address **109 DEWBERRY DR**

City **GEORGETOWN** State **TX** Zip Code **78633**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
12 / 24 / 2013

Transaction ID : **SA11AI.4131**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR DOUGLAS K CHAPMAN 342

Mailing Address **1219 SHARSWOOD LN**

City **SARASOTA** State **FL** Zip Code **34242**

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

Name of Employer **RETIRED** Occupation **CORPORATE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
12 / 30 / 2013

Transaction ID : **SA11AI.4133**

Amount of Each Receipt this Period
1000.00

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

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

1750.00

14020020378

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

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

FOR LINE NUMBER: PAGE 7 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR JAMES C COURTOVICH 200

Mailing Address 1737 H ST NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation
SPHERE CONSULTING LLC MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2013

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR JOHN DENNING 222

Mailing Address PO BOX 6051

City State Zip Code
ARLINGTON VA 22206

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

Name of Employer Occupation
BANK OF AMERICA SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS MARIA TERESA M FIOLE 208

Mailing Address 14705 ROLLING GREEN WAY

City State Zip Code
N POTOMAC MD 20878

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

Name of Employer Occupation
NONE HOME MAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2013

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
250.00

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

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

3100.00

14020020379

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 16
	(check only one)	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR DAVID L GOSSELIN 062

Mailing Address **62 JORDAN RD**

City **WILLIMANTIC** State **CT** Zip Code **06226**

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

Name of Employer **GOSSELIN INSURANCE BROKERS** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2013

Transaction ID : **SA11AI.4145**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR MAURICE R GREENBERG 100

Mailing Address **399 PARK AVENUE**

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

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

Name of Employer **C V STARR & COMPANY INC** Occupation **CHAIRMAN & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2013

Transaction ID : **SA11AI.4147**

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR CARLTON C GROOMS 330 JR

Mailing Address **316 WILLIAM ST**

City **KEY WEST** State **FL** Zip Code **33040**

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

Name of Employer **HEMINGWAY RUM CO LLC** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2013

Transaction ID : **SA11AI.4149**

Amount of Each Receipt this Period
500.00

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

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

2000.00

2000.00

14020020380

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 16
	(check only one)	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR GERALD E HENN 330

Mailing Address **20 CARD SOUND RD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.4151**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE HUTCHINSON 038

Mailing Address **PO BOX 191**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SA11AI.4153**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR CHRISTOPHER T MALONEY 857 MD

Mailing Address **3890 N CAMINO OJO DE AGUA**

City **TUCSON** State **AZ** Zip Code **85749**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SA11AI.4159**

Amount of Each Receipt this Period
1000.00

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

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

2000.00

2000.00

14020020381

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

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

A. Full Name (Last, First, Middle Initial)
DON MILLER

Mailing Address **10 FOUR SEASONS LN**

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

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

Name of Employer **US AIR FORCE** Occupation **CIVIL SERVANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : **SA11AI.4112**

Amount of Each Receipt this Period
2600.00

IN-KIND: **AUTO LEASE**

B. Full Name (Last, First, Middle Initial)
PAT MILLER

Mailing Address **10 FOUR SEASONS LN**

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

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

Name of Employer **NONE** Occupation **VOLUNTEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y
12 / 02 / 2013

Transaction ID : **SA11AI.4114**

Amount of Each Receipt this Period
2600.00

IN-KIND: **AUTO LEASE**

C. Full Name (Last, First, Middle Initial)
MR ALLEN D MILLER 030

Mailing Address **10 FOUR SEASONS LN**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.4165**

Amount of Each Receipt this Period
500.00

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

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

5700.00

14020020382

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

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

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

A. Full Name (Last, First, Middle Initial)
MR SAM PIMM 030

Mailing Address **PO BOX 21**

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

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.4173**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS HEATHER PULKSTENIS 208

Mailing Address **207 LAKE ST**

City **GAITHERSBURG** State **MD** Zip Code **20878**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : **SA11AI.4175**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT C SCHWARTZ 330

Mailing Address **24 DOCKSIDE LN PMB 427**

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

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

Name of Employer **SCHWARTZ MACHINE CO** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 24 / 2013

Transaction ID : **SA11AI.4179**

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

14020020383

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

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

FOR LINE NUMBER: PAGE 12 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR RICHARD SEYER 342

Mailing Address **7460 MYRICA DR**

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

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

Name of Employer **OAKMONT CAPITAL RESOURCES INC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.4183**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR JENNIFER L SMITH 100

Mailing Address **180 RIVERSIDE BLVD
APT 28E**

City **NEW YORK** State **NY** Zip Code **10069**

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

Name of Employer **SELF EMPLOYED** Occupation **DERMATOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : **SA11AI.4185**

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT N SPENCER 342

Mailing Address **4820 RIVERVIEW BLVD**

City **BRADENTON** State **FL** Zip Code **34209**

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

Name of Employer **SELF EMPLOYED** Occupation **TOMATO GROWER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SA11AI.4187**

Amount of Each Receipt this Period
500.00

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

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

3350.00

14020020384

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

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

FOR LINE NUMBER: PAGE 13 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD J VALEK 342 II

Mailing Address **2919 PONY LN**

City **SARASOTA** State **FL** Zip Code **34232**

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

Name of Employer **VALEK INSURANCE CO** Occupation **INSURANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.69**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : **SA11AI.4189**

Amount of Each Receipt this Period
350.69

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

350.69

24350.69

14020020385

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

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

FOR LINE NUMBER: PAGE 14 OF 16
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
FREEDOM'S DEFENSE FUND

Mailing Address **2776 S ARLINGTON MILL DR #806**

City **ARLINGTON** State **VA** Zip Code **22206**

FEC ID number of contributing federal political committee. **C C00401786**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
12 / 12 / 2013

Transaction ID : **SA11C.4116**

Amount of Each Receipt this Period
5000.00

PAC CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

5000.00

5000.00

14020020386

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)
Mailing Address 356 DANIEL WEBSTER HWY

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
CREDIT CARD SETUP CHARGES

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM/DD/YYYY 12/19/2013

Amount of Each Disbursement this Period: 204.00
Transaction ID : SB17.4111

Category/Type: 001

B. DON MILLER

Full Name (Last, First, Middle Initial)
Mailing Address 10 FOUR SEASONS LN

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
IN-KIND: AUTO LEASE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM/DD/YYYY 12/02/2013

Amount of Each Disbursement this Period: 2600.00
Transaction ID : SB17.4113

Category/Type: 002

C. PAT MILLER

Full Name (Last, First, Middle Initial)
Mailing Address 10 FOUR SEASONS LN

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
IN-KIND: AUTO LEASE

Candidate Name
ROBERT SMITH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement: MM/DD/YYYY 12/02/2013

Amount of Each Disbursement this Period: 2600.00
Transaction ID : SB17.4115

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 5404.00

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

14020020387

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. SAM PIMM		Date of Disbursement MM / DD / YYYY 12 / 16 / 2013
Mailing Address PO BOX 21		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4110
City MERRIMACK	State NH	
Purpose of Disbursement CONSULTING - CAMPAIGN MANAGEMENT		Category/ Type 001
Candidate Name ROBERT SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

Full Name (Last, First, Middle Initial) B. FRANK REYNOLDS		Date of Disbursement MM / DD / YYYY 12 / 16 / 2013
Mailing Address 52 SPRING RD		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4109
City AMHERST	State NH	
Purpose of Disbursement OFFICE RENT		Category/ Type 001
Candidate Name ROBERT SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

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

3400.00

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

8804.00

14020020388

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United States Senate

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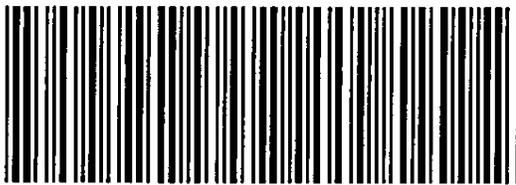
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 1-28-14

14020020390



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