10/22/2016 13:20

Image# 201610229034525394 PAGE 1/2

## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL Friends of Chris Smith                |                  |                                    |                                       |  |              |  |           |  |
|--|------------------|------------------------------------|---------------------------------------|--|--------------|--|-----------|--|
| ADDRESS (number and street   | t) PO Box 3184   |                                    |                                       |  |              |  |           |  |
| CITY   |                  | STATE                              |                                       | ZIP CODE                                     |              |  |           |  |
| Hamilton NJ  |                  |                                    | 08619-0184                            |  |              |  |           |  |
| 2. NAME OF CANDIDATE   |                  |                                    | 3. OFFICE SOUGHT (State and District) |  |              | 4. FEC IDENTIFICATION  | NUMBER    |  |
| Smith, Christopher, H, ,   |                  |                                    | House                                 | , , , , , , , , , , , , , , , , , , ,        |              |  | C00096412 |  |
| 5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING                 |                  |                                    | YES, IT AME                           | YES, IT AMENDS THE NOTICE FILED ON           |              |  |           |  |
| A. FULL NAME Int. Union of Paint                                   | Name of Employer |                                    |                                       | Date (month, day, year)                      | Amount       |  |           |  |
| MAILING ADDRESS<br>Attn:Chris Sloan, Gov't A<br>7234 Parkway Drive | Transaction      | Transaction ID : 66F2D2445544F424F |                                       |  | 1000.00      |  |           |  |
| CITY   | STATE            | ZIP CODE                           | Occupation                            |  |              |  |           |  |
| Hanover  | MD               | 21076                              |                                       |  |              |  |           |  |
| B. FULL NAME Bloomin' Brands                                       | Name of Emp      | Name of Employer                   |                                       |  | Amount       |  |           |  |
| MAILING ADDRESS<br>2202 N West Shore Blvd                          |                  |                                    | -                                     |  |              | 10/22/2016   | 5000.00   |  |
| CITY STATE ZIP CODE  |                  |                                    |                                       | Transaction ID : 63DBBBD1F9D2C4FF Occupation |              |  |           |  |
|  | FL               | 33607-5747                         |                                       |  |              |  |           |  |
| Tampa<br>c. Full NAME  | Nome of Emr      | N (5 )                             |                                       |  | Amount       |  |           |  |
| C. FOLL NAME   |                  |                                    | Name of Emp                           | oloyer                                       |              | Date (month, day, year)  | Amount    |  |
| MAILING ADDRESS  |                  |                                    |                                       |  |              |  |           |  |
| CITY   | STATE            | ZIP CODE                           | Occupation                            |  |              |  |           |  |
| D FILL NAME  |                  |                                    |                                       |  |              | Date (month,   | Amount    |  |
| D. FULL NAME   |                  |                                    | Name of Emp                           | Name of Employer                             |              |  | Amount    |  |
| MAILING ADDRESS  |                  |                                    |                                       |  |              |  |           |  |
| CITY STATE ZIP CODE  |                  |                                    | Occupation                            |  |              |  |           |  |
|  |                  |                                    |                                       |  |              |  |           |  |
| E. FULL NAME   |                  |                                    | Name of Emp                           | Name of Employer                             |              |  | Amount    |  |
| MAILING ADDRESS  |                  |                                    |                                       |  |              |  |           |  |
| CITY   | STATE            | ZIP CODE                           | Occupation                            |  |              |  |           |  |
| SIGNATURE (optional)  Roldan, Mary, , ,                            |                  |                                    | [Electronically                       |  | E<br>22/2016 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |           |  |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F6N Transaction ID:

According to FEC regulations, the Threshold Amount for Form 6 is \$1,000.00

Form/Schedule: Transaction ID: