

# 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  
Friends of Chris Smith

ADDRESS (number and street) PO Box 3184  
Hamilton NJ 08619-0184  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00096412  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
Hamilton NJ 08619-0184 NJ 04

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)  
(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 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 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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 Mary Roldan

Signature of Treasurer Mary Roldan [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 29 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Friends of Chris Smith**

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

	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))....	49776.02	245328.78
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49776.02	242378.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23388.01	178785.21
(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)).....	23388.01	178785.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	313031.38	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Chris Smith**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14875.00	132205.62
(ii) Unitemized.....	16401.02	30163.16
(iii) TOTAL of contributions from individuals ▶	31276.02	162368.78
(b) Political Party Committees.....	0.00	75.00
(c) Other Political Committees (such as PACs).....	18500.00	82885.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49776.02	245328.78
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	145.86	606.88
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	49921.88	245935.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23388.01	178785.21
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	2950.00
(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	2950.00
21. OTHER DISBURSEMENTS .....	5020.00	18220.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	28408.01	199955.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	291517.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	49921.88
25. SUBTOTAL (add Line 23 and Line 24).....	341439.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28408.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	313031.38

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

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

FOR LINE NUMBER: PAGE 5 OF 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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 Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Brian Gunderson**

Mailing Address 8114 Stacey Rd

City State Zip Code  
Alexandria VA 22308-1623

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

Name of Employer Occupation  
Elliott Management Corporation Public Affairs Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A2A032C99B81C4768B98**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Jennifer Liquori**

Mailing Address 98 Harvard Road

City State Zip Code  
Fair Haven NJ 07704

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

Name of Employer Occupation  
Retired retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : AE3F89EC95A9E4DD2A5D**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Marino**

Mailing Address PO Box 321

City State Zip Code  
New Vernon NJ 07976-0321

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : AAFBE85821C824559AD0**

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

**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 40
	<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 Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Regina M. Carter**

Mailing Address 759 Woodwind Place

City Walnut Creek State CA Zip Code 94598-4670

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

Name of Employer Alliant Insurance Occupation Senior VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : ADD1375AA288743C1BCF**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy Avallone**

Mailing Address 65 Heritage Dr.

City Freehold State NJ Zip Code 07728-0000

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

Name of Employer Monmouth County Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : AED1426CA7EF94718BE8**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Barry Rhoads**

Mailing Address 6793 Father John Court

City Mc Lean State VA Zip Code 22101

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

Name of Employer Cassidy & Associates Occupation Govt Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A4907264F46CC4BBA909**

Amount of Each Receipt this Period  
375.00

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

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

725.00

**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 40
	<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 Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Carol Crossed**

Mailing Address 1675 Clover Street

City Rochester State NY Zip Code 14618

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

Name of Employer Susan B. Anthony Museum Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : A8716ACD1DFE6457C957**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Glen Dalakian**

Mailing Address Mr. Glen J. Dalakian  
281 Route 34

City Colts Neck State NJ Zip Code 07722

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

Name of Employer CSAV Systems Occupation President/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : ADFCD3847195A44D79DF**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Hon. David Wolfe**

Mailing Address 107 Waters Edge Court

City Brick State NJ Zip Code 08724

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

Name of Employer Ocean County Comm College Occupation College Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : AEA1556DC0351400BAF2**

Amount of Each Receipt this Period  
 100.00

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

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

800.00

**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 40
	<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 Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Marylane Burry**

Mailing Address 305 Southwinds

City Tinton Falls State NJ Zip Code 07753

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A7D97039FC8154F1A99D**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James W. Dyer**

Mailing Address 3833 Whitman Road

City Annandale State VA Zip Code 22003-2202

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

Name of Employer Podesta Group Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A0CC3B54B76BF4FF2ADE**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven Valentine**

Mailing Address 6487 Warwick Circle

City Alexandria State VA Zip Code 22315

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

Name of Employer K&L Gates, LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A2B8D120B1EF74EE2A82**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00



**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 40
	<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 Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Donna Anstatt**

Mailing Address 262 Pennington-Titusville Rd

City Pennington	State NJ	Zip Code 08534
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A99E9A2411DC94777B9E**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy M. Malloy**

Mailing Address 8 Southfield Drive

City Dover	State MA	Zip Code 02030-2347
---------------	-------------	------------------------

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

Name of Employer Birch Hill Advisors	Occupation Vice President
---	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : A8090563A31B34E8ABA3**

Amount of Each Receipt this Period  
900.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Mosier**

Mailing Address 900 River Terrace

City Saint Michaels	State MD	Zip Code 21663
------------------------	-------------	-------------------

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

Name of Employer Retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : A9D82ADBB57DD48B78CE**

Amount of Each Receipt this Period  
2700.00

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

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

4600.00

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

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

FOR LINE NUMBER: PAGE 10 OF 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Joe Szlavik**

Mailing Address 2116 Kratz Station Rd

City State Zip Code  
Harleysville PA 19438-1383

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

Name of Employer Occupation  
Scribe Strategies & Advisors Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A977AB6CA731646E28D3**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Randall M Gerard**

Mailing Address 8727 Vista View Drive

City State Zip Code  
Dallas TX 75243-7256

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

Name of Employer Occupation  
Podesta Group Lobbyist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2015

**Transaction ID : ABF0A247C143A4AADA6F**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7 Pine Dale Court

City State Zip Code  
Hamilton NJ 08690-3317

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

Name of Employer Occupation  
Retired retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : AD6BA64F39D5A4BC2B8D**

Amount of Each Receipt this Period  
250.00

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

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

2500.00

**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 40  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Kevin Cormaci**

Mailing Address 609 North Woods Drive

City State Zip Code  
Abita Springs LA 70420-4020

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

Name of Employer Occupation  
Cassidy & Associates Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A0B6EFC96B71746A5B13**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Leonard Jr.**

Mailing Address 1531 Toboggan Run

City State Zip Code  
Manasquan NJ 08736

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A35756A4CD5034E07A57**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Jill White**

Mailing Address 32 Monroe Dr

City State Zip Code  
Trenton NJ 08619-4323

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : AC3384A977BE44402A0A**

Amount of Each Receipt this Period  
50.00

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

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

400.00

**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 40
	<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)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Peggy Binzel**

Mailing Address **PO BOX 130**

City **Ridge** State **MD** Zip Code **20680-0130**

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

Name of Employer **Podesta Group** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 24 / 2015**

**Transaction ID : A2B3BC4FCDC854ECD903**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas Sollas**

Mailing Address **79 Bay Point Harbour**

City **Point Pleasant** State **NJ** Zip Code **08742**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : A9953287C1E934CEF89D**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Teresa Nolan**

Mailing Address **12910 Eloise Ave**

City **Rockville** State **MD** Zip Code **20853-3702**

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

Name of Employer **Spirent Communications** Occupation **Computer Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : AC24A16669C774E5997F**

Amount of Each Receipt this Period  
**200.00**

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

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

**850.00**

**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 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Donna Mullins**

Mailing Address 6412 15th Street

City Alexandria State VA Zip Code 22307-1439

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

Name of Employer Winning Strategies Occupation Managing Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A59A695EA0C1F4A0C94F**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel Sheehan**

Mailing Address 577 Casino Drive

City Howell State NJ Zip Code 07731

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

Name of Employer Retired Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A11C6C42142C945BBA16**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Morra**

Mailing Address 6219 Poindexter Lane

City Rockville State MD Zip Code 20852-3642

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

Name of Employer Podesta Group Occupation Lobbyist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : A0F3E80B4E1D449878EF**

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

14875.00

**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 40
	<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)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**American Physiscal Therapy Asso.**

Mailing Address **Physical Therapy PAC (PT-PAC)**  
**Dave Mason**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : ACFB77793891A46A7933**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Aircraft Owners & Pilots Assoc. PA (AOPA)**

Mailing Address **50 F St NW**

City **Washington** State **DC** Zip Code **20001-1578**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : A96BAB5B0121641DCBF2**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

Mailing Address **1201 15th St NW**  
**Attn:Billie Kaumaya, Gov't Affairs**

City **Washington** State **DC** Zip Code **20005-2899**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 27 / 2015**

**Transaction ID : AF998802458B74E79A7B**

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: PAGE 15 OF 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Faegre Baker Daniels LLP**

Mailing Address **FaegreBD Consulting PAC**  
1050 K Street, NW Suite 400

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : AC752C579C6E64206960**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**FirstEnergy PAC**

Mailing Address 76 South Main Street

City Akron State OH Zip Code 44308-1890

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : A85168972E41D40CC9A3**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Foreign Service Assn. PAC**

Mailing Address Mr.David N. Murimi, PAC Coordinato  
2101 E Street, NW

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : ACD3BD5691F314F05B0A**

Amount of Each Receipt this Period  
1000.00

**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 40
	<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)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**PEGPAC**

Mailing Address 80 Park Plaza

City Newark State NJ Zip Code 07102

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : AC5C520901E0D48ADAAC**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Cliff Stearns**

Mailing Address PO Box 308

City Silver Springs State FL Zip Code 34489

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : AFF3F73FEBE864E8299D**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Humane Society Legislative Fund PAC**

Mailing Address Attn:Sara Amundson, Exec. Dir  
2100 L Street, NW, STE. 310

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : A5B4FFB4B2ED546DE999**

Amount of Each Receipt this Period  
 2000.00

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

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

4500.00



**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 17 OF 40
	<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)  
**Friends of Chris Smith**

**A. Air Line Pilots Assn. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 Massachusetts Ave NW  
 Attn: Brian Heenan, PAC Coordinato  
 City Washington State DC Zip Code 20036-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : A75319632159145C3B14**  
 Amount of Each Receipt this Period  
 1000.00

**B. Family Research Council Action PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Connie Mackey, President  
 801 G Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A10063B0ED79C4BBDB84**  
 Amount of Each Receipt this Period  
 2000.00

**C. Verizon Communications PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Good Government Club  
 Attn: Tom Edwards  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00186288  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : A08D8587736B648768E0**  
 Amount of Each Receipt this Period  
 1000.00

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

4000.00

**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 40
	<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)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**American Podiatric Medical Assn., Inc. PAC**

Mailing Address **Ben Wallner, Asst. Dir of Legisla**  
**9312 Old Georgetown Road**

City **Bethesda** State **MD** Zip Code **20814-1621**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 18 / 2015**

**Transaction ID : AA78FCBAC637541BAB2E**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Drive Political Fund-Teamsters**

Mailing Address **Attn:Nicole Brenner Schmitz**  
**25 Louisana Avenue, N.W.**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : A7FF64252E793460590B**

Amount of Each Receipt this Period  
 2500.00

**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 / 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).....

3500.00

18500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 40  
(check only one)  
 11a  11b  11c  11d  15  
 12  13a  13b  14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Investors Bank**

Mailing Address 2300 Route 33

City Robbinsville State NJ Zip Code 08691-1411

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **542.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : A909C50188C6D4229847**

Amount of Each Receipt this Period  
**46.99**

Bank Interest

**B.** Full Name (Last, First, Middle Initial)  
**Investors Bank**

Mailing Address 2300 Route 33

City Robbinsville State NJ Zip Code 08691-1411

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **591.91**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : AB2680BCC48294285AF4**

Amount of Each Receipt this Period  
**49.38**

Bank Interest

**C.** Full Name (Last, First, Middle Initial)  
**Investors Bank**

Mailing Address 2300 Route 33

City Robbinsville State NJ Zip Code 08691-1411

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **495.54**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

**Transaction ID : A9CFC1CB9D98E4253AEF**

Amount of Each Receipt this Period  
**49.49**

Bank Interest

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

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

**145.86**

**145.86**

**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 20 OF 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015		
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 50.00		
City Washington	State DC	Zip Code 20003	Transaction ID : <b>B8D7A324445B3449A854</b>		
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Podesta Group</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015		
Mailing Address PO BOX 79784			Amount of Each Disbursement this Period 300.00		
City Baltimore	State MD	Zip Code 21279-0784	Transaction ID : <b>B7EA265C6586C46889EF</b>		
Purpose of Disbursement event expenses		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Linz Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015		
Mailing Address 20 Greenways Lane			Amount of Each Disbursement this Period 1070.00		
City Lakewood	State NJ	Zip Code 08701	Transaction ID : <b>B1238FDF4C2D5453284E</b>		
Purpose of Disbursement Photographer for event		Category/ Type 007			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1420.00
<b>TOTAL</b> 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 21 OF 40		
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 205 Pennsylvania Avenue, S.W.		Amount of Each Disbursement this Period 212.50 <b>Transaction ID : B6152081D7FBA4CD0B10</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing Fees 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1038.88 <b>Transaction ID : BCC9E1B39AB25462B9AF</b>
City Yardville State NJ Zip Code 08620	Purpose of Disbursement payroll Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 427.75 <b>Transaction ID : B0642B110B8FF4729910</b>
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement payroll taxes impounded Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1679.13
<b>TOTAL</b> 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 22 OF 40	
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 09 / 2015</b>
Mailing Address <b>PO Box 387</b>		Amount of Each Disbursement this Period <b>85.35</b> <b>Transaction ID : B376E2C73640F4CDF852</b>
City <b>Marlton</b> State <b>NJ</b> Zip Code <b>08053-0387</b>	Purpose of Disbursement <b>fees for payroll services</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Jersey Casualty Insurance Co</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 13 / 2015</b>
Mailing Address <b>Workers' Compensation PO Box 1228</b>		Amount of Each Disbursement this Period <b>73.00</b> <b>Transaction ID : B0A7C4D21A4834FFDB5E</b>
City <b>W. Trenton</b> State <b>NJ</b> Zip Code <b>08628-0277</b>	Purpose of Disbursement <b>workers' Compensation Policy</b>	
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 13 / 2015</b>
Mailing Address <b>PO Box 4833</b>		Amount of Each Disbursement this Period <b>154.42</b> <b>Transaction ID : BF9910C0BBE7346B58CE</b>
City <b>Trenton</b> State <b>NJ</b> Zip Code <b>08650-4833</b>	Purpose of Disbursement <b>phone 0787</b>	
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>312.77</b>
<b>TOTAL</b> 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 23 OF 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 76.60 <b>Transaction ID : B0D84BE3F0C184726BCB</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement fees for payroll services		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Mary Roldan</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 146 Prospect Avenue			Amount of Each Disbursement this Period 1038.88 <b>Transaction ID : B1A5BFB9371FD49EEB8F</b>
City Yardville	State NJ	Zip Code 08620	
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 427.75 <b>Transaction ID : BB3ADE1EAF64FA09D5</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement payroll taxes impounded		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1543.23
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 169.03 <b>Transaction ID : B29D80DC49FF748678BD</b>
City Baltimore	State MD	
Zip Code 21297-1464	Purpose of Disbursement phone 8984	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Strategic Advance Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 611 Pennsylvania Ave, SE 267		Amount of Each Disbursement this Period 581.90 <b>Transaction ID : B8FC8A89332444AD8ACA</b>
City Washington	State DC	
Zip Code 20003-4303	Purpose of Disbursement McCarthy travel expenses for event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mrs. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1038.88 <b>Transaction ID : B33665277CEDB465CAB2</b>
City Yardville	State NJ	
Zip Code 08620	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1689.81
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 427.75 <b>Transaction ID : B19CF8798ECDE482CA42</b>
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 76.60 <b>Transaction ID : B5834298E39BE4802A4E</b>
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 76.60 <b>Transaction ID : BC48506A6FA724B09873</b>
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	580.95
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Mary Roldan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015	
Mailing Address 146 Prospect Avenue			Amount of Each Disbursement this Period 1038.95	
City Yardville	State NJ	Zip Code 08620	Transaction ID : <b>BF556D19D85304F738E1</b>	
Purpose of Disbursement payroll		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015	
Mailing Address PO Box 387			Amount of Each Disbursement this Period 427.68	
City Marlton	State NJ	Zip Code 08053-0387	Transaction ID : <b>BB927CB85C09D4CE194F</b>	
Purpose of Disbursement payroll taxes impounded		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015	
Mailing Address P.O. Box 17464			Amount of Each Disbursement this Period 70.10	
City Baltimore	State MD	Zip Code 21297-1464	Transaction ID : <b>B5D0613F86EBC440B906</b>	
Purpose of Disbursement phone 8984		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1536.73
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 152.76
City Trenton	State NJ	
Zip Code 08650-4833	Purpose of Disbursement phone 0787	<b>Transaction ID : B6212284B53404769B36</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Jersey Casualty Insurance Co</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address Workers' Compensation PO Box 1228		Amount of Each Disbursement this Period 81.00
City W. Trenton	State NJ	
Zip Code 08628-0277	Purpose of Disbursement Workers' Compensation Policy	<b>Transaction ID : B0A0F5911D26C4B7D987</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Postmaster--MAIN Route 130</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address Route 130 South		Amount of Each Disbursement this Period 225.00
City Trenton	State NJ	
Zip Code 08691	Purpose of Disbursement BRM Permit Fee	<b>Transaction ID : BA2C8EE8D004E4D99B7F</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	458.76
<b>TOTAL</b> 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 28 OF 40	
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Postmaster--MAIN Route 130</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address Route 130 South		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : B6C157F29F62449CBB36</b>
City Trenton	State NJ	
Zip Code 08691	Purpose of Disbursement Replenish BRE ac	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 76.60 <b>Transaction ID : BDA01310F8F0B4CD8A20</b>
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mrs. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1049.18 <b>Transaction ID : BD30672BED2744EC4A1B</b>
City Yardville	State NJ	
Zip Code 08620	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1425.78
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 399.95 <b>Transaction ID : B47D7900083DA4748A18</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement payroll taxes impounded		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Investors Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 2300 Route 33			Amount of Each Disbursement this Period 153.26 <b>Transaction ID : B3358DE884A104DC49FA</b>
City Robbinsville	State NJ	Zip Code 08691-1411	
Purpose of Disbursement check reorder fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 2100 Nottingham Way			Amount of Each Disbursement this Period 5068.70 <b>Transaction ID : B1704BD20F5E241B5B42</b>
City Trenton	State NJ	Zip Code 08619	
Purpose of Disbursement printing		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5621.91
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 0.50 <b>Transaction ID : BF62A09D6314B42739DF</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement credit card processing fee		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 1.50 <b>Transaction ID : B7E4E9F837283408A8D1</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement credit card processing fee		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 399.95 <b>Transaction ID : BB3AED6B3D85F4159B7A</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement fees for payroll services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	401.95
<b>TOTAL</b> 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 40	
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address PO Box 387		Amount of Each Disbursement this Period 76.60
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	<b>Transaction ID : B5CFDE059A7384421A11</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1049.18
City Yardville	State NJ	
Zip Code 08620	Purpose of Disbursement payroll	<b>Transaction ID : B6A21DA1469E643CEAB9</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 205 Pennsylvania Avenue, S.W.		Amount of Each Disbursement this Period 102.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement credit card processing fee	<b>Transaction ID : B6FA083621FF9430FB45</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1227.78
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 151.09 <b>Transaction ID : B81B0065A98C8486EB75</b>
City Trenton	State NJ	
Zip Code 08650-4833	Purpose of Disbursement phone 0787	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 71.06 <b>Transaction ID : BA6DE713A1FA44216B8A</b>
City Baltimore	State MD	
Zip Code 21297-1464	Purpose of Disbursement phone 8984	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mrs. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1049.18 <b>Transaction ID : B5854ABAC26B14DD1B1E</b>
City Yardville	State NJ	
Zip Code 08620	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1271.33
<b>TOTAL</b> 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 33 OF 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 26.25 <b>Transaction ID : B1B2942ADA41348D6881</b>
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement credit card processing fee		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 399.95 <b>Transaction ID : B420AFC0D033B488CABB</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement payroll taxes impounded		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 387			Amount of Each Disbursement this Period 76.60 <b>Transaction ID : B4EA20548E3F44CB2A3A</b>
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement Fees for payroll services		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	502.80
<b>TOTAL</b> 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 40		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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 Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1848.21 <b>Transaction ID : B4BFCB01AF2154D6DB6C</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Bill:See Below	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Icontact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2635 Meridian Parkway, Ste 200		Amount of Each Disbursement this Period 62.90 <b>Transaction ID : BCA95C705EA534004B17</b> <b>[MEMO ITEM]</b>
City Durham	State NC	
Zip Code 27713	Purpose of Disbursement email marketing	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Register.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 12808 Gran Bay Parkway West		Amount of Each Disbursement this Period 14.95 <b>Transaction ID : B58F928C175514424816</b> <b>[MEMO ITEM]</b>
City Jacksonville	State FL	
Zip Code 32258	Purpose of Disbursement monthly maint fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1848.21
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Orbitz Worldwide</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 500 W. Madison Avenue Suite 1000		Amount of Each Disbursement this Period 1269.37
City Chicago State IL Zip Code 60661-2559	Purpose of Disbursement airline tickets & hotel	
Candidate Name	Category/Type 002	Transaction ID : B1403B96437754D40B4E <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1179.11
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Bill: See below	
Candidate Name	Category/Type 001	Transaction ID : B2F197E03238242BCA75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples-Hamilton Market Place</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address		Amount of Each Disbursement this Period 54.55
City Trenton State NJ Zip Code 08691	Purpose of Disbursement office supplies	
Candidate Name	Category/Type 006	Transaction ID : BAF0347E553854ED488B <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1179.11
<b>TOTAL</b> 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 40		
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. AR&amp;C Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 1 Back Creek Way		Amount of Each Disbursement this Period 203.30 <b>Transaction ID : B8176D946EE3D46189A3</b>
City Trenton	State NJ	
Zip Code 08691	Purpose of Disbursement storage facility	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Icontact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2635 Meridian Parkway, Ste 200		Amount of Each Disbursement this Period 62.90 <b>Transaction ID : B523A5A8E4B224D859E9</b>
City Durham	State NC	
Zip Code 27713	Purpose of Disbursement email marketing	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. W Millar &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 1335 14th Street NW		Amount of Each Disbursement this Period 232.70 <b>Transaction ID : BB32AB2C3D9664BA0ADC</b>
City Washington	State DC	
Zip Code 20005-3610	Purpose of Disbursement Catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Register.com</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015		
Mailing Address 12808 Gran Bay Parkway West			Amount of Each Disbursement this Period 299.99		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : <b>B08A469EA27B44416921</b>		
Purpose of Disbursement domaine renewal fees		Category/ Type 003	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015		
Mailing Address P.O. Box 2971			Amount of Each Disbursement this Period 126.51		
City Omaha	State NE	Zip Code 68103-2969	Transaction ID : <b>B375FFE2381FA43AAA6E</b>		
Purpose of Disbursement Phone 2620		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Register.com</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015		
Mailing Address 12808 Gran Bay Parkway West			Amount of Each Disbursement this Period 14.95		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : <b>B9FD958ACBF06473BA52</b>		
Purpose of Disbursement monthly maint fee		Category/ Type 003	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 40			
	<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)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015		
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 590.04		
City Wilmington	State DE	Zip Code 19886	Transaction ID : <b>B86074472D97F41D0A0C</b>		
Purpose of Disbursement Credit Card: See Below		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Icontact Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015		
Mailing Address 2635 Meridian Parkway, Ste 200			Amount of Each Disbursement this Period 62.90		
City Durham	State NC	Zip Code 27713	Transaction ID : <b>B21C7546F396D4B3FA22</b>		
Purpose of Disbursement email marketing		Category/ Type 003	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Register.com</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015		
Mailing Address 12808 Gran Bay Parkway West			Amount of Each Disbursement this Period 14.95		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : <b>BA14611AF54A8481490A</b>		
Purpose of Disbursement monthly maint fee		Category/ Type 003	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	590.04
<b>TOTAL</b> 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 40
	<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)  
**Friends of Chris Smith**

**A. AR&C Self Storage**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Back Creek Way

City State Zip Code  
Trenton NJ 08691

Purpose of Disbursement  
storage facility

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 04 / 2015

Amount of Each Disbursement this Period  
203.30

Transaction ID : B38364D747FBC43C2A59

**[MEMO ITEM]**

Category/Type  
001

**B. AT&T**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 2971

City State Zip Code  
Omaha NE 68103-2969

Purpose of Disbursement  
Phone 2620

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 04 / 2015

Amount of Each Disbursement this Period  
126.43

Transaction ID : B5AC55BD422A64B889FE

**[MEMO ITEM]**

Category/Type  
001

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only)..... 23290.29

**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 40 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Casagrande For Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address <b>PO Box 34</b>		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : <b>BC7FC5F35A0084DBAA5E</b>
City <b>Manalapan</b> State <b>NJ</b> Zip Code <b>07726-0034</b>	Purpose of Disbursement <b>reelection support</b> <input type="checkbox"/> 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Election Fund of Asm. Mary Pat Angelini</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address <b>PO Box 517</b>		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : <b>BF89AD1D6A1024D6D8F5</b>
City <b>Oakhurst</b> State <b>NJ</b> Zip Code <b>07755-0517</b>	Purpose of Disbursement <b>reelection support</b> <input type="checkbox"/> 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	<input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5000.00</b>