

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Diane Smith for Montana

ADDRESS (number and street)

P.O. Box 4786

Check if different than previously reported. (ACC)

Whitefish

MT

59937

2. FEC IDENTIFICATION NUMBER ▼

C C00505677

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MT

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2012

through

M M / D D / Y Y Y Y
03 / 31 / 2012

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

Type or Print Name of Treasurer David Pickeral

Signature of Treasurer David Pickeral

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 24 / 2012

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Diane Smith for Montana

Report Covering the Period: From: / / 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))....	36013.90	136047.18
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36013.90	136047.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	48890.63	73415.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	109.99	109.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48780.64	73306.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	64696.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1955.16	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Diane Smith for Montana

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30738.90	105517.85
(ii) Unitemized.....	3025.00	10605.11
(iii) TOTAL of contributions from individuals ▶	33763.90	116122.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2250.00	11500.00
(d) The Candidate.....	0.00	8424.22
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36013.90	136047.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1955.16	1955.16
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1955.16	1955.16
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	109.99	109.99
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	38079.05	138112.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48890.63	73415.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	48890.63	73415.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75507.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38079.05
25. SUBTOTAL (add Line 23 and Line 24).....	113586.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48890.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	64696.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 3709 30th st., north

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: USDA Occupation: rus administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 26 / 2012

Transaction ID : C8541388

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1888 6th St., S.

City: Naples State: FL Zip Code: 34102

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : C8575494

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1701 N Inglewood St

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

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

Name of Employer: ntca Occupation: CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 26 / 2012

Transaction ID : C8541446

Amount of Each Receipt this Period: 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 20 Marina Dr

City State Zip Code
Harveys Lake PA 18618-9769

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

Name of Employer self Occupation consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8538779

Amount of Each Receipt this Period
250.00

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

Mailing Address 9507 Saybrook Ave.

City State Zip Code
Silver Spring MD 20901

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

Name of Employer Internet Security Alliance Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8575486

Amount of Each Receipt this Period
500.00

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

Mailing Address 1530 o st., nw

City State Zip Code
Washington DC 20005

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

Name of Employer ripon society Occupation exec. dir.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8541445

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

City Washington State DC Zip Code 20036

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

Name of Employer Washington Analysis Occupation Writer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
249.00

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

Transaction ID : C8541426

Amount of Each Receipt this Period
249.00

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

Mailing Address PO Box 9674

City Kalispell State MT Zip Code 59904-2674

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

Name of Employer Avail-TVN Occupation Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8541758

Amount of Each Receipt this Period
500.00

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

Mailing Address 2707 S Ives St

City Arlington State VA Zip Code 22202-2373

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

Name of Employer CTIA Occupation Executive Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : C8575487

Amount of Each Receipt this Period
500.00

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

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

1249.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 952 spinnakers reach dr.

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation
retired retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8541374

Amount of Each Receipt this Period
250.00

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

Mailing Address 102 Marseille Pl

City State Zip Code
Cary NC 27511-6016

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

Name of Employer Occupation
Self Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : C8544682

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2690 Wheatgrass Rd

City State Zip Code
Helena MT 59602-8870

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

Name of Employer Occupation
State of Montana, DNRC Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8543783

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 28 Fairway Vw

City State Zip Code
Whitefish MT 59937-3265

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8545438

Amount of Each Receipt this Period
250.00

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

Mailing Address 6690 Vista Del Mar
Apt H

City State Zip Code
Playa Del Rey CA 90293-7575

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8534706

Amount of Each Receipt this Period
250.00

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

Mailing Address 13029 Hummingbird Rd

City State Zip Code
Elkins AR 72727-8696

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

Name of Employer self employed Occupation tree farm

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8423654

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

A. Full Name (Last, First, Middle Initial)
Jake Heckathorn

Mailing Address **PO Box 516**

City **Whitefish** State **MT** Zip Code **59937-0516**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8366216

Amount of Each Receipt this Period
500.00

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

Mailing Address **10605 Bit and Spur Ln**

City **Potomac** State **MD** Zip Code **20854-1564**

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

Name of Employer **self** Occupation **attorney**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : C8545567

Amount of Each Receipt this Period
2500.00

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

Mailing Address **40979 Valley View Rd**

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

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

Name of Employer **Self employed** Occupation **Marketing Finance**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8338258

Amount of Each Receipt this Period
50.00

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

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

3050.00

**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 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 40979 Valley View Rd

City Polson State MT Zip Code 59860-8350

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

Name of Employer Self employed Occupation Marketing Finance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : C8454996

Amount of Each Receipt this Period
50.00

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

Mailing Address 40979 Valley View Rd

City Polson State MT Zip Code 59860-8350

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

Name of Employer Self employed Occupation Marketing Finance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : C8501837

Amount of Each Receipt this Period
50.00

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

Mailing Address 4624 48th St NW

City Washington State DC Zip Code 20016-4443

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

Name of Employer Comcast Corp. Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : C8423679

Amount of Each Receipt this Period
500.00

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

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

600.00

**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 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address **PO Box 1567**

City **Whitefish** State **MT** Zip Code **59937**

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

Name of Employer **Self** Occupation **Information Requested**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

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

Transaction ID : C8575489

Amount of Each Receipt this Period
400.00

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

Mailing Address **2626 Cole Ave Ste 504**

City **Dallas** State **TX** Zip Code **75204-0822**

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

Name of Employer **self** Occupation **investment**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : C8374119

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2626 Cole Ave Ste 504**

City **Dallas** State **TX** Zip Code **75204-0822**

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

Name of Employer **self** Occupation **investment**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : C8485759

Amount of Each Receipt this Period
1500.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 2626 Cole Ave
Ste 504

City Dallas State TX Zip Code 75204-0822

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

Name of Employer self Occupation investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : C8699697

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2626 Cole Avenue

City Dallas State TX Zip Code 75204

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8699706

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1934 Calvert St NW
Apt 4

City Washington State DC Zip Code 20009-1569

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

Name of Employer tin can communications Occupation ceo

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8541372

Amount of Each Receipt this Period
500.00

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 14 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 4087 Ridgeview Circle

City	State	Zip Code
Mc Lean	VA	22101

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8456356

Amount of Each Receipt this Period
250.00

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

Mailing Address 35 S Clermont St

City	State	Zip Code
Denver	CO	80246-1034

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

Name of Employer	Occupation
Na	Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : C8551121

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Glenn S. Rabin

Mailing Address 400 Epping Way

City	State	Zip Code
Annapolis	MD	21401

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

Name of Employer	Occupation
Northfolk Strategies	Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2389.47

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

Transaction ID : C8541386

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 1120 Connecticut Ave NW
Ste 400

City Washington State DC Zip Code 20036-3939

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

Name of Employer Washington Analysis Occupation Telecommunications Analyst

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : C8508328

Amount of Each Receipt this Period
500.00

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

Mailing Address 227 10th St NE

City Washington State DC Zip Code 20002

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

Name of Employer Mobile Future Occupation Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8541380

Amount of Each Receipt this Period
250.00

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

Mailing Address 314 Kentucky Ave SE

City Washington State DC Zip Code 20003-2322

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

Name of Employer verizon Occupation vice president

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8541377

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 505 Lakewood Ct

City State Zip Code
Whitefish MT 59937-8093

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8496784

Amount of Each Receipt this Period
2500.00

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

Mailing Address 505 Lakewood Ct

City State Zip Code
Whitefish MT 59937-8093

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8503636

Amount of Each Receipt this Period
2500.00

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

Mailing Address 4839 Sangamore Rd # 1601

City State Zip Code
Bethesda MD 20816-3502

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

Name of Employer Legislative Strategies Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1489.90

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

Transaction ID : C8479509

Amount of Each Receipt this Period
489.90

* In-Kind: Fundraising Lunch

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

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

5489.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address **PO Box 2305**

City **Bigfork** State **MT** Zip Code **59911**

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

Name of Employer **Self** Occupation **Physician**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8529000

Amount of Each Receipt this Period
250.00

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

Mailing Address **1405 greenwood pl.**

City **Alexandria** State **VA** Zip Code **22304**

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

Name of Employer **verizon communications, inc.** Occupation **executive**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : C8541441

Amount of Each Receipt this Period
500.00

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

Mailing Address **PO Box 2305**

City **Bigfork** State **MT** Zip Code **59911**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8529017

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 5009 Fort Sumner Dr

City State Zip Code
Bethesda MD 20816-1942

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

Name of Employer Occupation
Wilkinson, Barker, Knauer Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

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

Transaction ID : C8575501

Amount of Each Receipt this Period
200.00

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

Mailing Address 439 Grand Dr # 191

City State Zip Code
Bigfork MT 59911-3614

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

Name of Employer Occupation
Palomar Engineering Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8516391

Amount of Each Receipt this Period
1500.00

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

Mailing Address 525 Dakota Ave

City State Zip Code
Whitefish MT 59937-2104

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

Name of Employer Occupation
North Valley Hospital Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : C8494011

Amount of Each Receipt this Period
250.00

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

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

1950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Full Name (Last, First, Middle Initial) A. Kathryn Zachem		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2012	
Mailing Address 4728 23rd St N		Transaction ID : C8698454	
City Arlington	State VA	Zip Code 22207-3409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Comcast Corporation	Occupation Sr. VP, Regulatory & State Legislative		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. Kathryn Zachem		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2012	
Mailing Address 4728 23rd St N		Transaction ID : C8538839	
City Arlington	State VA	Zip Code 22207-3409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Comcast Corporation	Occupation Sr. VP, Regulatory & State Legislative		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) C. David W Zesiger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2012	
Mailing Address 4450 S Park Ave Apt 1601		Transaction ID : C8536443	
City Chevy Chase	State MD	Zip Code 20815-3644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Northfork Strategies LLC	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address 505 Lakewood Ct

City State Zip Code
Whitefish MT 59937-8093

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8504202

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]
* Contribution re-designated

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

Mailing Address

City State Zip Code
MT

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : C8504205

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
* Redesignated Contribution

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).....

0.00

30738.90

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 21 OF 45

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

Mailing Address PO Box 1000

City State Zip Code
 Joshua TX 76058

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C8575484

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 124 West Cptal Ave., Suite 1630

City State Zip Code
 Little Rock AR 72201

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C8575496

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1300 I St., NW
 4th Floor

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : C8541450

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 1111.01 Transaction ID : D594232
City Roseland	State NJ	
Zip Code 07068	Purpose of Disbursement Payroll Tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 25.00 Transaction ID : D594233
City Roseland	State NJ	
Zip Code 07068	Purpose of Disbursement Payroll Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 10.50 Transaction ID : D594234
City Roseland	State NJ	
Zip Code 07068	Purpose of Disbursement Payroll Service Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1146.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	1242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	1356.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	3998.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	1345.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5034.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5584.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5001.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	2918.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	768.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Full Name (Last, First, Middle Initial) A. Kintla Copy		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 503 Railway Street		Amount of Each Disbursement this Period 136.00
City Whitefish	State MT	
Zip Code 59937	Purpose of Disbursement Signage	Transaction ID : D608550
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

Full Name (Last, First, Middle Initial) c. Rodd McLeod		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012
Mailing Address P.O. Box 40398		Amount of Each Disbursement this Period 4000.00
City Tucson	State AZ	
Zip Code 85717	Purpose of Disbursement Political and Communications Consultant	Transaction ID : D617533
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4261.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5299.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	394.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	1290.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	2340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	1937.66
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : D610793

Credit Card - see below if itemized

Form/Schedule: SB17

Transaction ID: D610794

Credit Card - see below if itemized

**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 42 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Diane Smith for Montana

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

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

Full Name (Last, First, Middle Initial) C.		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	Transaction ID
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 0.00
TOTAL This Period (last page this line number only).....	\$ 46969.95

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Transaction ID : L1017

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

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 4786

City State ZIP Code
Whitefish MT 59937

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

TERMS

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Diane Smith for Montana

Transaction ID : L1018

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

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 4786

City State ZIP Code
Whitefish MT 59937

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 22 / Y 2012 M M / D D / Y 12/31/2012 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 1429.84

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Diane Smith for Montana** Transaction ID : **L1019**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Diane Smith PERS FUNDS Primary
 Mailing Address P.O. Box 4786 General
 Other (specify) ▼

City State ZIP Code
 Whitefish MT 59937

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 10 / Y 2012	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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