

# 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

Committee To Reelect Congressman Chris Smith

ADDRESS (number and street) ▼

P.O. Box 3184

Check if different than previously reported. (ACC)

Hamilton

NJ

08619

2. **FEC IDENTIFICATION NUMBER** ▼

C C00096412

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
05 / 15 / 2014 through 06 / 30 / 2014

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 M. Roldan

Signature of Treasurer Mary M. Roldan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 15 / 2014

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

**Committee To Reelect Congressman 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))....	48030.00	309656.58
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8975.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48030.00	300681.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7216.36	193059.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	545.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7216.36	192514.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	323191.06	
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

**Committee To Reelect Congressman 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).....	7350.00	95549.00
(ii) Unitemized.....	3880.00	95992.58
(iii) TOTAL of contributions from individuals ▶	11230.00	191541.58
(b) Political Party Committees.....	0.00	350.00
(c) Other Political Committees (such as PACs).....	36800.00	117765.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	48030.00	309656.58
<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	545.21
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	99.50	660.13
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	48129.50	310861.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7216.36	193059.34
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	8850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	125.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8975.00
21. OTHER DISBURSEMENTS .....	0.00	1860.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7216.36	203894.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	282277.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	48129.50
25. SUBTOTAL (add Line 23 and Line 24).....	330407.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7216.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	323191.06

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A. Richardson Commercial, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lexington Square Commons  
 52 State Highway 33  
 City Trenton State NJ Zip Code 08619  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Realtor  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 40605.C58883**  
 Amount of Each Receipt this Period  
 Receipt 225.00

**B. Michael Pratico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 State Highway 33  
 City Trenton State NJ Zip Code 08619  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Richardson Real Occupation Commercial Real Estate  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 40605.C58909**  
 Amount of Each Receipt this Period  
 Memo 225.00  
**[MEMO ITEM]**  
 Partnership->Richardson Commercial, LLC PARTNERSHIP

**C. Thomas Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1422 A Street SE  
 City Washington State DC Zip Code 20003-1523  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Wexler&Walker Occupation Senior VP  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014  
**Transaction ID : 40627.C58942**  
 Amount of Each Receipt this Period  
 Receipt 250.00

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

475.00

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

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

Mailing Address 495-C Thornbury Court

City Lakewood State NJ Zip Code 08701

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : 40522.C58855**

Amount of Each Receipt this Period  
**100.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Hatcher**

Mailing Address 200 Beach Rd Apt 901

City Jupiter State FL Zip Code 33469-2808

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : 40620.C58930**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Vonda Hays**

Mailing Address 315 Evanston Drive

City East Windsor State NJ Zip Code 08520

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : 40522.C58861**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

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

**1150.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Committee To Reelect Congressman Chris Smith**

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

Mailing Address 3499 Route 9 North  
Suite 3-C

City Freehold State NJ Zip Code 07728

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

Name of Employer UMH Properties, Inc. Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 40605.C58896**

Amount of Each Receipt this Period  
75.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Robert Maginn**

Mailing Address 101 Huntington Avenue, Ste. 2205

City Boston State MA Zip Code 02199-7603

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

Name of Employer Jenzabar, Inc. Occupation Executive

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 40524.C58867**

Amount of Each Receipt this Period  
2600.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Natale**

Mailing Address 3045 Comfort Road

City New Hope State PA Zip Code 18938-5623

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

Name of Employer Ritchie & Page Dist. Co., Inc. Occupation Beer Distribution

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 40605.C58881**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

3675.00

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

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

Mailing Address Channel Club Tower  
1614 Channel Drive

City Monmouth Beach State NJ Zip Code 07750

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

Name of Employer State of NJ Occupation Healthcare Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : 40602.C58873**

Amount of Each Receipt this Period  
75.00

Receipt

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

Mailing Address 2110 Stackhouse Drive

City Yardley State PA Zip Code 19067-1840

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

Name of Employer RWJ Univ Hospital-Hamilton Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 40605.C58886**

Amount of Each Receipt this Period  
225.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Mark Tavlarides**

Mailing Address 2725 Connecticut Avenue NW  
Apt 809

City Washington State DC Zip Code 20008

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

Name of Employer Podesta Group Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : 40701.C58947**

Amount of Each Receipt this Period  
500.00

Receipt

**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: PAGE 9 OF 28  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Committee To Reelect Congressman Chris Smith**

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

Mailing Address 236 Westwood Road

City State Zip Code  
Annapolis MD 21401

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

Name of Employer Occupation  
MWW Group Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 40701.C58945**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ana Tsapatsaris**

Mailing Address 546 Davina Court

City State Zip Code  
Lakewood NJ 08701

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

Name of Employer Occupation  
Self Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : 40605.C58887**

Amount of Each Receipt this Period  
**200.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : 40524.C58872**

Amount of Each Receipt this Period  
**50.00**

Receipt

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

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

**1250.00**

**7350.00**

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A. American Optometric Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Julie Trute, AOA PAC  
 1505 Prince Street, Ste. 300  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : 40609.C58926**  
 Amount of Each Receipt this Period  
 Receipt 1500.00

**B. Anthony E. Wilkinson For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5307  
 City Old Bridge State NJ Zip Code 08857  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 75.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014  
**Transaction ID : 40602.C58876**  
 Amount of Each Receipt this Period  
 Receipt 75.00

**C. APWU COPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address American Postal Workers Union, AFL  
 Attn: Mr. John Marcotte, Political  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : 40609.C58925**  
 Amount of Each Receipt this Period  
 Receipt 1500.00

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

3075.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**Comcast Corp PAC**

Mailing Address **One Comcast Center**  
**1701 JFK Blvd**

City **Philadelphia** State **PA** Zip Code **19103**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : 40620.C58931**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Continental Airlines Employee Fund PAC**

Mailing Address **Nancy Van Duyne**  
**1600 Smith Street,15th Floor**

City **Houston** State **TX** Zip Code **77002**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : 40627.C58939**

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

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Covington & Burling LLP PAC**

Mailing Address **Attn: Mr. Bill Wichterman, Sr.Leg.**  
**1201 Pennsylvania Avenue NW**

City **Washington** State **DC** Zip Code **20044**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 40701.C58946**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**4000.00**

Receipt

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

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

\_\_\_\_\_

\_\_\_\_\_

**5500.00**

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

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

FOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Committee To Reelect Congressman Chris Smith**

**A. Drive Political Fund-Teamsters**  
 Full Name (Last, First, Middle Initial)  
 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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : 40609.C58924**  
 Amount of Each Receipt this Period  
 Receipt 5000.00  
 Election Cycle-to-Date 5000.00

**B. Duanne Morris LLP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dan Moll  
 30 S. 17th Street  
 City Philadelphia State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 40605.C58880**  
 Amount of Each Receipt this Period  
 Receipt 1000.00  
 Election Cycle-to-Date 1000.00

**C. Electrical Contractors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Kristen McDonough, Legislative Aff  
 3 Bethesda Metro Center  
 City Bethesda State MD Zip Code 20814-5372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 40605.C58878**  
 Amount of Each Receipt this Period  
 Receipt 2500.00  
 Election Cycle-to-Date 2500.00

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

8500.00

**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 28
	<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)  
**Committee To Reelect Congressman 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: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : 40627.C58941**

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

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Firemens Mutual Benevolent Assn Local 6**

Mailing Address **PO Box 2341**

City **Trenton** State **NJ** Zip Code **08607**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : 40605.C58882**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

Receipt

**C.** 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: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : 40627.C58938**

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

Receipt

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

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

\_\_\_\_\_ 2750.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 14 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Committee To Reelect Congressman Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**IBEW-COPE**

Mailing Address **Jim Ross, Dir of Political/Legist Af**  
**900 7th Street NW**

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

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : 40605.C58911**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Intl Org of Masters, Mates, & Pilots PAC**

Mailing Address **Attn: Tim A. Brown, President**  
**700 Maritime Blvd, Suite B**

City **Linthicum Heights** State **MD** Zip Code **21090-1953**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : 40605.C58879**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Inter Asso of Sheet Metal Air Rail**

Mailing Address **247950 Country Club Blvd, Ste 340**

City **North Olmsted** State **OH** Zip Code **44070-5333**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : 40620.C58929**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**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 15 OF 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. K&amp;L Gates</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address Political Action Committee Mr. Rick Valentine		<b>Transaction ID : 40627.C58937</b>	
City Washington	State DC	Zip Code 20006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Natl Air Traffic Controllers Assn. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address Mr. Jose Ceballos,Dir. Govt Affai 1325 Massachusetts Avenue, NW		<b>Transaction ID : 40620.C58928</b>	
City Washington	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Natl Air Traffic Controllers Assn. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address Mr. Jose Ceballos,Dir. Govt Affai 1325 Massachusetts Avenue, NW		<b>Transaction ID : 40701.C58948</b>	
City Washington	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Receipt 2500.00	
Name of Employer Occupation		Election Cycle-to-Date 4500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> 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 16 OF 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**National Assn of Fed & Retired Employees**

Mailing Address Steve Nagy, Chapter 637  
1116 12th Avenue

City Toms River State NJ Zip Code 08757

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : 40609.C58927**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Treasury Employees PAC**

Mailing Address Natl Treasury Employees Union  
Attn: Debbie Jansen, Asst.Dir Pol

City Washington State DC Zip Code 20006-4600

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : 40627.C58944**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Natl Beer Wholesalers Association PAC**

Mailing Address Paul Pisano,Sr.VP Industry Affrs,G  
1101 King Street, Suite 600

City Alexandria State VA Zip Code 22314-2944

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 40605.C58877**

Amount of Each Receipt this Period  
 Receipt 2500.00

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A. New Jersey Right To Life Fed. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address Att: Marie Tasy  
242 Old New Brunswick Road

City: Piscataway State: NJ Zip Code: 08854

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3225.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : 40605.C58885

Amount of Each Receipt this Period: 225.00

Receipt

**B. Plumbers & Pipefitters Local No. 9 PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2 Iron Ore Rd. at Rt. 33

City: Englishtown State: NJ Zip Code: 07726

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 05 / 21 / 2014

Transaction ID : 40522.C58852

Amount of Each Receipt this Period: 500.00

Receipt

**C. Plumbers & Pipefitters Local No. 9 PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2 Iron Ore Rd. at Rt. 33

City: Englishtown State: NJ Zip Code: 07726

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 6500.00

Date of Receipt: 05 / 21 / 2014

Transaction ID : 40522.C58853

Amount of Each Receipt this Period: 1500.00

Receipt

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

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

2225.00

**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 28
	<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)  
**Committee To Reelect Congressman Chris Smith**

**A.** Full Name (Last, First, Middle Initial)  
**United Parcel Service PAC**

Mailing Address 55 Glenlake Parkway, NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : 40524.C58868**

Amount of Each Receipt this Period  
250.00

Receipt

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

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : 40627.C58940**

Amount of Each Receipt this Period  
1000.00

Receipt

**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).....

1250.00

36800.00

**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 28
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>Investors Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2014
Mailing Address 2300 Route 33		<b>Transaction ID : 40709.C58950</b>
City Robbinsville	State NJ	Zip Code 08691-1411
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 497.85	
		Amount of Each Receipt this Period 48.77
		Other Receipt
		NOTE: BANK INTEREST

Full Name (Last, First, Middle Initial) <b>Investors Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 2300 Route 33		<b>Transaction ID : 40711.C58951</b>
City Robbinsville	State NJ	Zip Code 08691-1411
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 548.58	
		Amount of Each Receipt this Period 50.73
		Other Receipt
		NOTE: BANK INTEREST

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.50
<b>TOTAL</b> This Period (last page this line number only).....	99.50

**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 28			
	<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)  
**Committee To Reelect Congressman 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 05 / 23 / 2014
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 11.25
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement credit card processing fee		Category/ Type	<b>Transaction ID : 40602.E6652</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD PROCESSING FEE</b>
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 06 / 06 / 2014
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 11.25
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement credit card processing fee		Category/ Type	<b>Transaction ID : 40609.E6667</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD PROCESSING FEE</b>
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 06 / 13 / 2014
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 4.25
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement credit card processing fee		Category/ Type	<b>Transaction ID : 40620.E6668</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD PROCESSING FEE</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26.75
<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 28			
	<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)  
**Committee To Reelect Congressman 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 06 / 27 / 2014	
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 2.50	
City Washington	State DC	Zip Code 20003-	Transaction ID : 40701.E6686	
Purpose of Disbursement credit card processing fee		Category/ Type	CREDIT CARD PROCESSING FEE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 50.00	
City Washington	State DC	Zip Code 20003-	Transaction ID : 40711.E6692	
Purpose of Disbursement credit card processing fee		Category/ Type	CREDIT CARD PROCESSING FEE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. NJ State Bldg. Trades Council AFL-CIO</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address William T. Mullen, President 77 Brant Avenue			Amount of Each Disbursement this Period 600.00	
City Clark	State NJ	Zip Code 07066-	Transaction ID : 40605.E6659	
Purpose of Disbursement Journal Ad		Category/ Type	JOURNAL AD	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	652.50
<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 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert Brown</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014		
Mailing Address 1222 Park Street			Amount of Each Disbursement this Period 300.00		
City Trenton	State NJ	Zip Code 08691-	Transaction ID : 40605.E6657		
Purpose of Disbursement website maintenance AprilMay		Category/ Type			
Candidate Name		WEBSITE MAINTENANCE APRILMAY			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 710.24		
City Wilmington	State DE	Zip Code 19886-	Transaction ID : 40605.E6660		
Purpose of Disbursement CREDIT CARD:SEE BELOW		Category/ Type			
Candidate Name		CREDIT CARD:SEE BELOW			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Micro Center The Computer Dept. Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 3089 Nutley Street			Amount of Each Disbursement this Period 212.00		
City Fairfax	State VA	Zip Code 22031-	Transaction ID : 40605.E6661		
Purpose of Disbursement Office supplies		Category/ Type			
Candidate Name		[MEMO ITEM] MEMO: OFFICE SUPPLIES			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1010.24
<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 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address P.O. Box 8220		Amount of Each Disbursement this Period 121.16
City Aurora	State IL	
Zip Code 60572-8220	Purpose of Disbursement cell phone 2620	Transaction ID : 40605.E6663
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)	[MEMO ITEM] MEMO: CELL PHONE 2620
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Icontact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2635 Meridian Parkway, Ste 200		Amount of Each Disbursement this Period 62.90
City Durham	State NC	
Zip Code 27713-	Purpose of Disbursement email marketing	Transaction ID : 40605.E6665
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)	[MEMO ITEM] MEMO: EMAIL MARKETING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AR&amp;C Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1 Back Creek Way		Amount of Each Disbursement this Period 189.39
City Trenton	State NJ	
Zip Code 08691-	Purpose of Disbursement storage facilityMay	Transaction ID : 40605.E6666
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)	[MEMO ITEM] MEMO: STORAGE FACILITYMAY
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 24 OF 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2100 Nottingham Way			Amount of Each Disbursement this Period 622.69
City Trenton	State NJ	Zip Code 08619-	
Purpose of Disbursement parade stickers		Category/ Type	<b>Transaction ID : 40605.E6656</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		PARADE STICKERS
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 387			Amount of Each Disbursement this Period 70.23
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement fees for payroll services		Category/ Type	<b>Transaction ID : 40524.E6651</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		FEES FOR PAYROLL SERVICES
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 387			Amount of Each Disbursement this Period 416.95
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement payroll taxes impounded		Category/ Type	<b>Transaction ID : 40524.E6650</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		PAYROLL TAXES IMPOUNDED
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1109.87
<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 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO Box 387		Amount of Each Disbursement this Period 70.23
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	<b>Transaction ID : 40605.E6655</b>
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)	<b>FEEES FOR PAYROLL SERVICES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO Box 387		Amount of Each Disbursement this Period 416.96
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement payroll taxes impounded	<b>Transaction ID : 40605.E6654</b>
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)	<b>PAYROLL TAXES IMPOUNDED</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 387		Amount of Each Disbursement this Period 70.23
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement fees for payroll services	<b>Transaction ID : 40620.E6671</b>
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)	<b>FEEES FOR PAYROLL SERVICES</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	557.42
<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 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address PO Box 387		Amount of Each Disbursement this Period 416.96
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement payroll taxes impounded	Transaction ID : 40620.E6670
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)	PAYROLL TAXES IMPOUNDED
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1007.79
City Yardville	State NJ	
Zip Code 08620-	Purpose of Disbursement payroll	Transaction ID : 40524.E6649
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)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1007.78
City Yardville	State NJ	
Zip Code 08620-	Purpose of Disbursement payroll	Transaction ID : 40605.E6653
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)	PAYROLL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2432.53
<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 28			
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Mary Roldan</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1007.78
City Yardville	State NJ	
Zip Code 08620-		Transaction ID : 40620.E6669
Purpose of Disbursement payroll	Category/Type	
Candidate Name		PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Roldan</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 40.00
City Yardville	State NJ	
Zip Code 08620-		Transaction ID : 40627.E6682
Purpose of Disbursement travel expense	Category/Type	
Candidate Name		TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 154.71
City Trenton	State NJ	
Zip Code 08650-4833		Transaction ID : 40620.E6672
Purpose of Disbursement phone 0787	Category/Type	
Candidate Name		PHONE 0787
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1202.49
<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 28	
	<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)  
**Committee To Reelect Congressman Chris Smith**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 68.85
City Baltimore	State MD	
Zip Code 21297-1464	Purpose of Disbursement cell phone 8984	<b>Transaction ID : 40627.E6684</b>
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)	CELL PHONE 8984
State: District:		

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.85
<b>TOTAL</b> This Period (last page this line number only).....	7060.65