

# 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

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

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	420.00	492526.98
(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)) .....	420.00	483551.98
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	22673.93	490541.78
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	545.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	22673.93	489996.29
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>208995.79</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**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:  /  /

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).....	350.00	180924.00
(ii) Unitemized.....	70.00	133787.98
(iii) TOTAL of contributions from individuals ▶	420.00	314711.98
(b) Political Party Committees.....	0.00	450.00
(c) Other Political Committees (such as PACs).....	0.00	177365.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	420.00	492526.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	545.49
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	80.53	956.62
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	500.53	494029.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22673.93	490541.78
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) ▶	22673.93	501376.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	231169.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	500.53
25. SUBTOTAL (add Line 23 and Line 24).....	231669.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22673.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	208995.79

**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 23
	<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)  
**Eugene Diamond**

Mailing Address 12109 S 87th Ave

City Palos Park State IL Zip Code 60464-1206

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

Name of Employer Franciscan Alliance Occupation Healthcare Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary 2016

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2014

**Transaction ID : 41211.C60266**

Amount of Each Receipt this Period  
 Receipt **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Damon Keeley**

Mailing Address 12 Rimwood Drive

City Lincroft State NJ Zip Code 07738

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

Name of Employer PRP Concepts, LLC Occupation Medical Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary 2016

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2014

**Transaction ID : 41211.C60271**

Amount of Each Receipt this Period  
 Receipt **50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lucia Purpuri**

Mailing Address 400 Lexington Ave

City Toms River State NJ Zip Code 08753-7749

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary 2016

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2014

**Transaction ID : 41211.C60267**

Amount of Each Receipt this Period  
 Receipt **50.00**

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

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

**350.00**

**350.00**

**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 23
	<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 11 / 30 / 2014	
Mailing Address 2300 Route 33		<b>Transaction ID : 41211.C60265</b>	
City Robbinsville	State NJ	Amount of Each Receipt this Period 43.36	
Zip Code 08691-1411		Other Receipt	
FEC ID number of contributing federal political committee. C		NOTE: BANK INTEREST	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2016	Election Cycle-to-Date 798.90		

Full Name (Last, First, Middle Initial) <b>Investors Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014	
Mailing Address 2300 Route 33		<b>Transaction ID : 50123.C60280</b>	
City Robbinsville	State NJ	Amount of Each Receipt this Period 37.17	
Zip Code 08691-1411		Other Receipt	
FEC ID number of contributing federal political committee. C		NOTE: BANK INTEREST	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2016	Election Cycle-to-Date 836.07		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Amount of Each Receipt this Period	
Zip Code		Other Receipt	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.53
<b>TOTAL</b> This Period (last page this line number only).....	80.53

**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 7 OF 23			
	<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 12 / 11 / 2014
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 2.50
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement credit card processing fee		Category/ Type	<b>Transaction ID : 41217.E6958</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. Save Jersey Advertizing, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 200 E Madison Avenue, Apt 2			Amount of Each Disbursement this Period 250.00
City Collingswood	State NJ	Zip Code 08108-	
Purpose of Disbursement advertising		Category/ Type	<b>Transaction ID : 41202.E6895</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>ADVERTISING</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. The Megan Kanka Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box			Amount of Each Disbursement this Period 250.00
City	State	Zip Code	
Purpose of Disbursement donation		Category/ Type	<b>Transaction ID : 41211.E6957</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>DONATION</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	502.50
<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 8 OF 23			
	<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. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 16215.69
City Wilmington	State DE	Zip Code 19886-	Transaction ID : 41210.E6897
Purpose of Disbursement CREDIT CARD:SEE BELOW		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD:SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Reservations			Amount of Each Disbursement this Period 289.00
City Washington	State DC	Zip Code 20515-	Transaction ID : 41210.E6898
Purpose of Disbursement travel expense		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address P.O. Box 8220			Amount of Each Disbursement this Period 125.75
City Aurora	State IL	Zip Code 60572-8220	Transaction ID : 41210.E6900
Purpose of Disbursement cell phone 2620		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CELL PHONE 2620
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16215.69
<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 9 OF 23	
	<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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 251.78
City	State Zip Code	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : 41210.E6902
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Nicholas Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Red Bank, NJ		Amount of Each Disbursement this Period 4250.25
City	State Zip Code	
Purpose of Disbursement catering for event	Candidate Name	Transaction ID : 41210.E6905
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: CATERING FOR EVENT

Full Name (Last, First, Middle Initial) <b>c. Register.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 12808 Gran Bay Parkway West		Amount of Each Disbursement this Period 306.76
City	State Zip Code	
Purpose of Disbursement email hosting	Candidate Name	Transaction ID : 41210.E6913
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b> MEMO: EMAIL HOSTING

<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 10 OF 23			
	<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. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Yardville, NJ		Amount of Each Disbursement this Period 54.25
City	State Zip Code	
Purpose of Disbursement travel expense	Candidate Name	Transaction ID : 41210.E6915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Icontact Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 2635 Meridian Parkway, Ste 200		Amount of Each Disbursement this Period 62.90
City	State Zip Code	
Purpose of Disbursement email marketing	Candidate Name	Transaction ID : 41210.E6916
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: EMAIL MARKETING

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Yardville, NJ		Amount of Each Disbursement this Period 33.00
City	State Zip Code	
Purpose of Disbursement travel expense	Candidate Name	Transaction ID : 41210.E6918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

<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 11 OF 23			
	<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. AR&amp;C Self Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1 Back Creek Way		Amount of Each Disbursement this Period 203.30
City Trenton	State NJ	
Zip Code 08691-	Purpose of Disbursement storage facilityNov	[MEMO ITEM] MEMO: STORAGE FACILITYNOV
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 1348.99
City	State	
Zip Code	Purpose of Disbursement office supplies	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 27.29
City	State	
Zip Code	Purpose of Disbursement volunteer food	[MEMO ITEM] MEMO: VOLUNTEER FOOD
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).....	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 12 OF 23	
	<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. Facebook Ads</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Palo Alto, CA		Amount of Each Disbursement this Period 258.78
City	State Zip Code	
Purpose of Disbursement Ads on Facebook	Candidate Name	Transaction ID : 41210.E6922
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: ADS ON FACEBOOK

Full Name (Last, First, Middle Initial) <b>B. Greater Media Newspapers</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address PO Box 950 198 Route 9 North, Ste. 100		Amount of Each Disbursement this Period 1128.60
City	State Zip Code	
Purpose of Disbursement newspaper buys	Candidate Name	Transaction ID : 41210.E6923
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: NEWSPAPER BUYS

Full Name (Last, First, Middle Initial) <b>C. Community News Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 2 Princess Road, Suite 1G		Amount of Each Disbursement this Period 1095.00
City	State Zip Code	
Purpose of Disbursement Newspaper ads	Candidate Name	Transaction ID : 41210.E6924
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: NEWSPAPER ADS

<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 13 OF 23			
	<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. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 187.86
City	State Zip Code	
Purpose of Disbursement campaign supplies	Candidate Name	Transaction ID : 41210.E6925
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Lowes</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Howell, NJ		Amount of Each Disbursement this Period 324.21
City	State Zip Code	
Purpose of Disbursement campaign supplies	Candidate Name	Transaction ID : 41210.E6926
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN SUPPLIES

Full Name (Last, First, Middle Initial) <b>c. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 55.29
City	State Zip Code	
Purpose of Disbursement volunteer food	Candidate Name	Transaction ID : 41210.E6927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: VOLUNTEER FOOD

<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 14 OF 23			
	<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. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 62.57
City	State Zip Code	
Purpose of Disbursement volunteer food	Candidate Name	Transaction ID : 41210.E6928
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: VOLUNTEER FOOD

Full Name (Last, First, Middle Initial) <b>B. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 90.68
City	State Zip Code	
Purpose of Disbursement volunteer food	Candidate Name	Transaction ID : 41210.E6929
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: VOLUNTEER FOOD

Full Name (Last, First, Middle Initial) <b>c. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 72.91
City	State Zip Code	
Purpose of Disbursement volunteer food	Candidate Name	Transaction ID : 41210.E6930
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: VOLUNTEER FOOD

<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 15 OF 23			
	<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. Stefano Pizzeria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 60.57
City	State Zip Code	
Purpose of Disbursement volunteer food	Candidate Name	Transaction ID : 41210.E6931
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: VOLUNTEER FOOD

Full Name (Last, First, Middle Initial) <b>B. Newport Media Holding</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Redbank, NJ		Amount of Each Disbursement this Period 900.00
City	State Zip Code	
Purpose of Disbursement Ad	Candidate Name	Transaction ID : 41210.E6933
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AD

Full Name (Last, First, Middle Initial) <b>c. Merchant Coast Star Ocean Star</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 13 Broad Street		Amount of Each Disbursement this Period 817.63
City	State Zip Code	
Purpose of Disbursement Ad	Candidate Name	Transaction ID : 41210.E6934
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: AD

<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 16 OF 23			
	<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. The New Coaster, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1011 Main Street		Amount of Each Disbursement this Period 330.00
City Asbury Park	State NJ	
Zip Code 07712-	Purpose of Disbursement Ad	Transaction ID : 41210.E6935
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: AD
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 424.83
City	State	
Zip Code	Purpose of Disbursement postage	Transaction ID : 41210.E6936
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: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. TGI Fridays</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 533.11
City	State	
Zip Code	Purpose of Disbursement volunteer food/catering	Transaction ID : 41210.E6937
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: VOLUNTEER FOOD/CATERING
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 17 OF 23			
	<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 12 / 04 / 2014
Mailing Address 205 Pennsylvania Avenue, S.W.			Amount of Each Disbursement this Period 1009.98
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement purchased list		Category/ Type	<b>Transaction ID : 41210.E6938</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>[MEMO ITEM]</b> MEMO: PURCHASED LIST
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 888-294-6804 prepaid phones			Amount of Each Disbursement this Period 64.19
City	State	Zip Code	
Purpose of Disbursement prepaid phones		Category/ Type	<b>Transaction ID : 41210.E6939</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>[MEMO ITEM]</b> MEMO: PREPAID PHONES
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Facebook Ads</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Palo Alto, CA			Amount of Each Disbursement this Period 164.86
City	State	Zip Code	
Purpose of Disbursement Ads on Facebook		Category/ Type	<b>Transaction ID : 41210.E6942</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>[MEMO ITEM]</b> MEMO: ADS ON FACEBOOK
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 18 OF 23	
	<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. Micro Center The Computer Dept. Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 3089 Nutley Street		Amount of Each Disbursement this Period 646.55
City State Zip Code Fairfax VA 22031-	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	<b>Transaction ID : 41210.E6945</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Burlington, NJ		Amount of Each Disbursement this Period 42.01
City State Zip Code	Purpose of Disbursement travel expense	
Candidate Name	Category/Type	<b>Transaction ID : 41210.E6946</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>c. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address Burlington, NJ		Amount of Each Disbursement this Period 39.05
City State Zip Code	Purpose of Disbursement travel expense	
Candidate Name	Category/Type	<b>Transaction ID : 41210.E6948</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE

<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 19 OF 23			
	<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 12 / 05 / 2014
Mailing Address PO Box 387			Amount of Each Disbursement this Period 390.59
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement payroll taxes impounded		Category/ Type	<b>Transaction ID : 41210.E6955</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>PAYROLL TAXES IMPOUNDED</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 12 / 05 / 2014
Mailing Address PO Box 387			Amount of Each Disbursement this Period 72.73
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement fess for payroll services		Category/ Type	<b>Transaction ID : 41210.E6954</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>FESS FOR PAYROLL SERVICES</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 12 / 19 / 2014
Mailing Address PO Box 387			Amount of Each Disbursement this Period 72.73
City Marlton	State NJ	Zip Code 08053-0387	
Purpose of Disbursement fees for payroll services		Category/ Type	<b>Transaction ID : 50107.E6965</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>FEEES FOR PAYROLL SERVICES</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	536.05
<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 20 OF 23			
	<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 12 / 19 / 2014
Mailing Address PO Box 387		Amount of Each Disbursement this Period 388.11
City Marlton	State NJ	
Zip Code 08053-0387	Purpose of Disbursement payroll taxes impounded	Transaction ID : 50107.E6964
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. People Papers</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address Att: Bill Ryan PO BOX 3096		Amount of Each Disbursement this Period 1000.00
City Trenton	State NJ	
Zip Code 08619-	Purpose of Disbursement Advertising	Transaction ID : 41219.E6962
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)	ADVERTISING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Postmaster--MAIN Route 130</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address Route 130 South		Amount of Each Disbursement this Period 220.00
City Trenton	State NJ	
Zip Code 08691-	Purpose of Disbursement BRM Permit renewal fee	Transaction ID : 41217.E6961
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)	BRM PERMIT RENEWAL FEE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1608.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 23			
	<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 M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1018.65 <b>Transaction ID : 41210.E6956</b>
City Yardville State NJ Zip Code 08620- Purpose of Disbursement payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1019.62 <b>Transaction ID : 50107.E6963</b>
City Yardville State NJ Zip Code 08620- Purpose of Disbursement payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL

Full Name (Last, First, Middle Initial) <b>c. Mary Roldan</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1010.19 <b>Transaction ID : 50107.E6982</b>
City Yardville State NJ Zip Code 08620- Purpose of Disbursement payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3048.46
<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 23	
	<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. Investors Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2300 Route 33		Amount of Each Disbursement this Period 25.00
City Robbinville	State NJ Zip Code 08691-1411	
Purpose of Disbursement Stop Payment on check fee		Transaction ID : 50126.E6993
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)	STOP PAYMENT ON CHECK FEE
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Three Seas, Inc. Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2901 Chestnut Ave.,		Amount of Each Disbursement this Period 725.00
City Baltimore	State MD Zip Code 21211-	
Purpose of Disbursement AudioServicesCk Reissued		Transaction ID : 41210.E6912
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)	AUDIOSERVICESCK REISSUED
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Three Seas, Inc. Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2901 Chestnut Ave.,		Amount of Each Disbursement this Period -725.00
City Baltimore	State MD Zip Code 21211-	
Purpose of Disbursement VoidCK8512Lost in Mail		Transaction ID : 41210.E6911
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)	VOIDCK8512LOST IN MAIL
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.00
<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 23 OF 23			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. The Lakewood Shopper</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014		
Mailing Address 72B Park Avenue			Amount of Each Disbursement this Period 500.00		
City Lakewood	State NJ	Zip Code 08701-	Transaction ID : 41202.E6896		
Purpose of Disbursement advertising		Category/ Type			
Candidate Name		ADVERTISING			
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. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014		
Mailing Address PO Box 4833			Amount of Each Disbursement this Period 156.12		
City Trenton	State NJ	Zip Code 08650-4833	Transaction ID : 41217.E6960		
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:					

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014		
Mailing Address P.O. Box 17464			Amount of Each Disbursement this Period 77.00		
City Baltimore	State MD	Zip Code 21297-1464	Transaction ID : 41217.E6959		
Purpose of Disbursement cell phone 8984		Category/ Type			
Candidate Name		CELL PHONE 8984			
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).....	733.12
<b>TOTAL</b> This Period (last page this line number only).....	22668.93