

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00096412

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

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

18

2006

through

06

30

2006

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

Constance Carey

Signature of Treasurer

Electronically Filed by Constance Carey

Date

07

15

2006

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period:

From:

M M
0 5D D
1 8Y Y Y Y
2 0 0 6

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 6

	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)).....	24840.00	257287.31
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24840.00	257287.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	17296.51	141751.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2123.86
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17296.51	139627.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	348112.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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 02/2003)

Page 3

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	1	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

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).....

8075.00

84500.00

(ii) Unitemized.....

4765.00

86087.31

(iii) TOTAL of contributions

from individuals..... ▶

12840.00

170587.31

(b) Political Party Committees.....

0.00

650.00

(c) Other Political Committees
(such as PACS).....

12000.00

86050.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

24840.00

257287.31

**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

2123.86

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

394.53

4237.77

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

25234.53

263648.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17296.51	141751.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	220.00	15366.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17516.51	157118.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	340394.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	25234.53
25. SUBTOTAL (add Line 23 and Line 24).....	365628.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17516.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	348112.09

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

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

FOR LINE NUMBER: PAGE 5 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial) Edward Atkinson Mailing Address 68 Lillie Street City State Zip Code Princeton Junction NJ 08550-1308 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 6 Transaction ID: 60529.C26770 Amount of Each Receipt this Period 75.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Thomas Ferguson Mailing Address 2856 Hurlingham Drive City State Zip Code Wellington FL 33414 FEC ID number of contributing federal political committee. C Name of Employer CommonHealth USA Occupation Chairman/CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60606.C26844 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Thomas Ferguson Mailing Address 2856 Hurlingham Drive City State Zip Code Wellington FL 33414 FEC ID number of contributing federal political committee. C Name of Employer CommonHealth USA Occupation Chairman/CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60606.C26843 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4075.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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) Andrew Harris		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 49 Montvieu Court		Transaction ID: 60704.C26882
City Cockeysville	State MD	Zip Code 21030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johns Hopkins University	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Keith Horn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 57 Maria Road		Transaction ID: 60607.C26846
City Woodcliff Lake	State NJ	Zip Code 07677-8144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Elliott Assoc	Occupation COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Michael Hrizo		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 16 Willowwood Court		Transaction ID: 60606.C26841
City Columbus	State NJ	Zip Code 08022-1025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 21

(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

Full Name (Last, First, Middle Initial)

A. Timothy F. McGough

Mailing Address 23 Buford Road

City State Zip Code
 Robbinsville NJ 08691

FEC ID number of contributing federal political committee.

C

Name of Employer
NJDOTOccupation
Director

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 0 6

Transaction ID: 60604.C26818

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Hien Ngo

Mailing Address 8001 Bradley Boulevard

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Real Estate Broker

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: 60704.C26873

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Edith Nowels

Mailing Address 637 Holly Hill Drive

City State Zip Code
 Brielle NJ 08730

FEC ID number of contributing federal political committee.

C

Name of Employer
AXA AdvisorsOccupation
secretary

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 6 / 2 0 0 6

Transaction ID: 60620.C26862

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) Duncan Thecker		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
Mailing Address P.O. Box 97 56 Hominy Hill Road		Transaction ID: 60704.C26883																				
City State Zip Code Colts Neck NJ 07722	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Self	Occupation Businessman																					
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">800.00</td> </tr> </table>	800.00																				
800.00																						

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

8075.00

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

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

FOR LINE NUMBER: PAGE 9 / 21

(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)

BUILD PAC - Natl Assn of Home Builders

Mailing Address 1201 15th Street, NW

City State Zip Code
 Washington DC 20005-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 60604.C26821

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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

CablePAC

Mailing Address Natl Cable & Telecommunications A
 1724 Massachusetts Avenue NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 60604.C26820

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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

Intl Assoc. of Fire Fighters FIREPAC

Mailing Address 1750 New York Ave., N.W.

City State Zip Code
 Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 60606.C26842

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 21

(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)
United Food & Commercial WorkersCOPE

Mailing Address 1775 K Street, N.W.

City State Zip Code
 Washington DC 20061-598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: 60607.C26845

Amount of Each Receipt this Period

5000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

12000.00

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

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

FOR LINE NUMBER: PAGE 11 / 21

(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)

Roma Federal Savings Bank

Mailing Address 2300 Route 33

City State Zip Code
 Robbinsville NJ 08691-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2655.63

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 60714.C26903

Amount of Each Receipt this Period

207.39

Other Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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

Roma Federal Savings Bank

Mailing Address 2300 Route 33

City State Zip Code
 Robbinsville NJ 08691-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2842.77

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60714.C26904

Amount of Each Receipt this Period

187.14

Other Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

394.53

TOTAL This Period (last page this line number only)

394.53

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 12 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Washington Storage of NJ, LLC

Mailing Address 1098 Route 130 South

City
Trenton

State
NJ

Zip Code
08691-1717

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

B. Washington Storage of NJ, LLC

Mailing Address 1098 Route 130 South

City
Trenton

State
NJ

Zip Code
08691-1717

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60607.E3120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

C. Cablevision of Hamilton

Mailing Address PO Box 371378

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
CABLE MODEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CABLE MODEM

SUBTOTAL of Disbursements This Page (optional)

407.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Cablevision of Hamilton

Mailing Address PO Box 371378

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
CABLE MODEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60607.E3119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CABLE MODEM

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60525.E3112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
WORKERS COMP INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60525.E3113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WORKERS COMP INSURANCE

SUBTOTAL of Disbursements This Page (optional)

492.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60524.E3099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PROFESSIONAL SERVICES

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
WORKERS COMP INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60604.E3116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60604.E3115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

SUBTOTAL of Disbursements This Page (optional)

552.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PROFESSIONAL SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60607.E3118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

161.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PROFESSIONAL SERVICES

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
WORKERS COMP INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60620.E3124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.96

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PAYROLL TAXES IMPOUNDED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60620.E3123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES IMPOUNDED

SUBTOTAL of Disbursements This Page (optional)

603.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
WORKERS COMP INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60704.E3139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.79

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address PO Box 387

City
Marlton

State
NJ

Zip Code
08053-0387

Purpose of Disbursement
PA;YROLL TAXES IMPOUNDED

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60704.E3138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PA;YROLL TAXES IMPOUNDED

Full Name (Last, First, Middle Initial)

C. Chase Card Services

Mailing Address PO Box 15153

City
Wilmington

State
DE

Zip Code
19886-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60524.E3103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

495.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Chase Card Services

Mailing Address PO Box 15153

City
Wilmington

State
DE

Zip Code
19886-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1534.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

B. Postmaster - Trenton

Mailing Address

City
Trenton

State
NJ

Zip Code
08650-9616

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

975.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

C. The Wireless Zone

Mailing Address Route 33 East

City
Mercerville

State
NJ

Zip Code
08619-

Purpose of Disbursement
PHONE EQUIPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

328.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: PHONE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)

1534.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60525.E3111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

B. Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60604.E3114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

C. Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60620.E3122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2463.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Constance Carey

Mailing Address 21 Devon Court

City Robbinsville State NJ Zip Code 08691-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3140

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

821.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address P.O. Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement
COURIER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3127

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

95.32

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

COURIER

Full Name (Last, First, Middle Initial)

C. Minuteman Press

Mailing Address 2100 Nottingham Way

City Trenton State NJ Zip Code 08619-

Purpose of Disbursement
MARCH PRINTING STUFFING & MAILING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3107

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

9289.87

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MARCH PRINTING STUFFING
& MAILING

SUBTOTAL of Disbursements This Page (optional)

10206.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial)

A. Postmaster--MAIN Route 130

Mailing Address Route 130 South

City State Zip Code
Trenton NJ 08691-

Purpose of Disbursement
REPLENISH BRE ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REPLENISH BRE ACCOUNT

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 4833

City State Zip Code
Trenton NJ 08650-4833

Purpose of Disbursement
PHONE 4755

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE 4755

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 4833

City State Zip Code
Trenton NJ 08650-4833

Purpose of Disbursement
PHONE 4755

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE 4755

SUBTOTAL of Disbursements This Page (optional)

389.74

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

A. Verizon Wireless

Mailing Address P.O. Box 17464

City Baltimore	State MD	Zip Code 21297-1464
-------------------	-------------	------------------------

Purpose of Disbursement
CELL 8984

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60524.E3102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Amount of Each Disbursement this Period

72.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL 8984

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 17464

City Baltimore	State MD	Zip Code 21297-1464
-------------------	-------------	------------------------

Purpose of Disbursement
CELL 8984

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	0	6

Amount of Each Disbursement this Period

65.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL 8984

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address P.O. Box 17464

City Baltimore	State MD	Zip Code 21297-1464
-------------------	-------------	------------------------

Purpose of Disbursement
CELL 2782

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60704.E3136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	6

Amount of Each Disbursement this Period

12.18

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL 2782

SUBTOTAL of Disbursements This Page (optional)

150.78

TOTAL This Period (last page this line number only)

17296.51