**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):

CITY ▲: Hamilton — STATE ▲: NJ — ZIP CODE ▲: 08619

2. FEC IDENTIFICATION NUMBER ▼: C00096412

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

STATE ▼: NJ — DISTRICT: 04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X 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 04 01 2003 through 06 30 2003

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 17 2002

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

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