REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Adam Smith for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
PO Box 23626

CITY, STATE and ZIP CODE: Federal Way, WA 98093
STATE/DISTRICT: WA 09

2. FEC IDENTIFICATION NUMBER
C00304709

3. IS THIS REPORT AN AMENDMENT?
☒ YES ☐ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/28/00 through 12/31/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	$1,000.00	620180.62
(b) Total Contribution Refunds (from Line 20(d))	$0.00	$2,030.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$1,000.00	618150.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$5,820.67	926963.78
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$20,844.74
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$5,820.67	906119.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	$47,751.97	
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

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: Jodi Denton

Signature of Treasurer: Jodi Denton

Date: 6-19-01

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

FEC FORM 3
(revised 4/87)