

# 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

Jason Smith for Congress

ADDRESS (number and street) ▼

PO Box 1324

Check if different than previously reported. (ACC)

Cape Girardeau

MO

63702-1324

2. **FEC IDENTIFICATION NUMBER** ▼

C C00541862

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MO

08

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

/  /  through  /  /

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 Reg Swan

Signature of Treasurer Reg Swan

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Jason Smith for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	108980	527153.2
(b) Total Contribution Refunds (from Line 20(d)) .....	5000	5000
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103980	522153.2
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	111202.38	467226.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111202.38	467226.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	122747.1	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	

**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

**Jason Smith for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40050	229560
(ii) Unitemized.....	3630	3630
(iii) TOTAL of contributions from individuals ▶	43680	233190
(b) Political Party Committees.....	0	999
(c) Other Political Committees (such as PACs).....	65300	292964.2
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	108980	527153.2
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	3840
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	3840
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	0
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.03	215.12
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	108980.03	531208.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111202.38	467226.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	3840
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	3840
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	5000	5000
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000	5000
21. OTHER DISBURSEMENTS .....	6645	7270
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	122847.38	483336.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	136614.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	108980.03
25. SUBTOTAL (add Line 23 and Line 24).....	245594.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122847.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122747.1

**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 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wendell Bailey**

Mailing Address 101 4th Street

City Willow Springs State MO Zip Code 65793

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

Name of Employer Self Employed Occupation Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : A-CF36302**

Amount of Each Receipt this Period  
**150**

**B.** Full Name (Last, First, Middle Initial)  
**Janet Bean**

Mailing Address 25397 State Highway 153

City Holcomb State MO Zip Code 63852-9127

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : A-CF36248**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Jason Bean**

Mailing Address 25397 State Highway 153

City Holcomb State MO Zip Code 63852-9127

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

Name of Employer Self-employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : A-CF36249**

Amount of Each Receipt this Period  
**1000**

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

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

**1650.00**

**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 112
	<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)  
**Jason Smith for Congress**

**A. Don Bedell**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1210

City: Sikeston State: MO Zip Code: 63801-1210

FEC ID number of contributing federal political committee: C

Name of Employer: Health Facilities Management Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4500

Date of Receipt: 03 / 11 / 2014

**Transaction ID : A-CF36240**

Amount of Each Receipt this Period: 2000

**B. Mike Bernard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 748 State Highway D

City: Caruthersville State: MO Zip Code: 63830-8141

FEC ID number of contributing federal political committee: C

Name of Employer: Self-employed Occupation: Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 02 / 19 / 2014

**Transaction ID : A-CF36180**

Amount of Each Receipt this Period: 1000

**C. David Blakemore**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 98

City: Campbell State: MO Zip Code: 63933-0098

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Cotton Ginner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000

Date of Receipt: 02 / 19 / 2014

**Transaction ID : A-CF36178**

Amount of Each Receipt this Period: 1000

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

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

4000.00

**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 7 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles B. Brown**

Mailing Address **PO Box 847**  
**604 College**

City **Kennett** State **MO** Zip Code **63857-0847**

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

Name of Employer **Baker, Welman & Brown** Occupation **Insurance Agent**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : A-CF36115**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Charles Cozean**

Mailing Address **639 Beechwood Lane**

City **Cape Girardeau** State **MO** Zip Code **63701-9020**

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

Name of Employer **Self Employed** Occupation **Ophthalmologist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 07 / 2014**

**Transaction ID : A-CF36151**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Crader**

Mailing Address **175 Lakeview Lane**

City **Jackson** State **MO** Zip Code **63755-6922**

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

Name of Employer **CraderDistributing** Occupation **Exec**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF36255**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley Crader**

Mailing Address 175 Lakeview Lane

City Jackson State MO Zip Code 63755-6922

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

Name of Employer CraderDistributing Occupation Exec

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-MCNF33424**

Amount of Each Receipt this Period  
**-400**

Redesignation from  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Stanley Crader**

Mailing Address 175 Lakeview Lane

City Jackson State MO Zip Code 63755-6922

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

Name of Employer CraderDistributing Occupation Exec

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-MCNF33425**

Amount of Each Receipt this Period  
**400**

Redesignation to  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Charles Earnest**

Mailing Address 307 Homecrest Street

City Kennett State MO Zip Code 63857-1507

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

Name of Employer Self-employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : A-CF36260**

Amount of Each Receipt this Period  
**250**

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

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

**250.00**



**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 9 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sue L Evans**

Mailing Address 4590 Highway M

City Cabool State MO Zip Code 65689-9330

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : A-CF36265**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Fritts**

Mailing Address 1101 K Street NW Suite 400

City Washington State DC Zip Code 20005-7032

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

Name of Employer Fritts Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 05 / 2014**

**Transaction ID : A-CF36227**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Sam Geduldig**

Mailing Address 1519 Pathfinder Lane

City Mc Lean State VA Zip Code 22101-3509

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

Name of Employer Clark Lytle & Geduldig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : A-CF36161**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Gibson**

Mailing Address 1101 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2504

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

Name of Employer The Gibson Group, LLC Occupation Policy Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : A-CF36147**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**David Haggard**

Mailing Address 300 W Washington Street

City Kennett State MO Zip Code 63857-1942

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

Name of Employer Self-employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : A-CF36179**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Chris Harlin**

Mailing Address PO Box 68

City Gainesville State MO Zip Code 65655-0068

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

Name of Employer Century Bank of the Ozarks Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : A-CF36301**

Amount of Each Receipt this Period  
 500

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Hodorowski**

Mailing Address 18625 County Road 1000

City Saint James State MO Zip Code 65559-8463

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : A-CF36258**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Terry Kelley**

Mailing Address PO Box 884

City Rogersville State MO Zip Code 65742-0884

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : A-CF36311**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Kelly**

Mailing Address PO Box 717

City Seymour State MO Zip Code 65746-0717

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

Name of Employer Precision Tent Rental LLC Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : A-CF36306**

Amount of Each Receipt this Period  
**1000**

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

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

**1550.00**

**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 12 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janis Kelly**

Mailing Address PO Box 10

City Norwood State MO Zip Code 65717-0010

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

Name of Employer Don E. Kelly Contractor Occupation Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3175**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF36284**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Karen Kelly**

Mailing Address 7627 Cherokee Road

City Norwood State MO Zip Code 65717-9475

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

Name of Employer Kelly Realty Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36354**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Cathern Long**

Mailing Address 5602 Cope Drive

City Hartville State MO Zip Code 65667-8181

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

Name of Employer Wright County Indl Devmnt Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : A-CF36266**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leroy McGinnis**

Mailing Address 5426 Highway 19

City Cuba State MO Zip Code 65453-7193

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

Name of Employer McGinnis Wood Products Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : A-CF36298**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Tim McPherson**

Mailing Address 2701 Carter Street

City Kennett State MO Zip Code 63857-4109

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : A-CF36181**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Amy L Mitchell**

Mailing Address 177 Daniels Road

City Cuba State MO Zip Code 65453-7210

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

Name of Employer Medley Pharmacy Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-CF36275**

Amount of Each Receipt this Period  
**2500**

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

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

**3500.00**

**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 14 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandy Mitchell**

Mailing Address 7160 Highway F

City State Zip Code  
Cuba MO 65453-8309

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

Name of Employer Occupation  
Medley Pharmacy President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : A-CF36274**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**John A Page III**

Mailing Address 12 Woods Edge Rd.

City State Zip Code  
West Chester PA 19382

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

Name of Employer Occupation  
Global Spectrum Facility Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-CF36285**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Tony Parks**

Mailing Address 7082 High Town Road

City State Zip Code  
Houston MO 65483-2186

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

Name of Employer Occupation  
Current River Pole Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 20 / 2014**

**Transaction ID : A-CF36281**

Amount of Each Receipt this Period  
**500**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel A Parmele**

Mailing Address 5777 S Brightwater Trail

City Springfield State MO Zip Code 65810-2777

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

Name of Employer Parmele Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36398**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Beth Patrick**

Mailing Address 247 County Road 2630

City Salem State MO Zip Code 65560-7960

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

Name of Employer Salem School District Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36373**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 68  
217 College Ave

City Kennett State MO Zip Code 63857-0068

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 07 / 2014**

**Transaction ID : A-CF36150**

Amount of Each Receipt this Period  
**2000**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**W.F. Provance**

Mailing Address **PO Box 281**

City **Malden** State **MO** Zip Code **63863-0281**

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

Name of Employer **BPS Tel. Co.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 17 / 2014**

**Transaction ID : A-CF36103**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Steve Pu**

Mailing Address **804 Sweetbriar Drive**

City **Kennett** State **MO** Zip Code **63857-2755**

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

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : A-CF36176**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**John T Russell**

Mailing Address **PO Box 93**

City **Lebanon** State **MO** Zip Code **65536-0093**

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

Name of Employer **NA** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 14 / 2014**

**Transaction ID : A-CF36169**

Amount of Each Receipt this Period  
**500**

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

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

**2000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fritz Sander**

Mailing Address 1131 Shady Lane

City Jackson State MO Zip Code 63755-2651

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

Name of Employer MetLife Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : A-CF36317**

Amount of Each Receipt this Period  
 50

**B.** Full Name (Last, First, Middle Initial)  
**Marsha Sander**

Mailing Address 1131 Shady Lane

City Jackson State MO Zip Code 63755-2651

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

Name of Employer Jackson Public Schools Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : A-CF36316**

Amount of Each Receipt this Period  
 50

**C.** Full Name (Last, First, Middle Initial)  
**Edmund O Schweitzer III**

Mailing Address 330 NW Brandon Drive

City Pullman State WA Zip Code 99163-3674

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

Name of Employer Schweitzer Engineering Labor Occupation Electrical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36374**

Amount of Each Receipt this Period  
 2000

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gina Stoverink**

Mailing Address 21883 County Road 122

City Malden State MO Zip Code 63863-5333

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

Name of Employer Kennett Boarding Home Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : A-CF36110**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**C. R. Talbert**

Mailing Address 117 Edgewood Drive

City Cape Girardeau State MO Zip Code 63703-6319

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36331**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Harvey Tettlebaum**

Mailing Address PO Box 1251  
235 E High St

City Jefferson City State MO Zip Code 65102-1251

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

Name of Employer Husch Blackwell Sanders LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : A-CF36111**

Amount of Each Receipt this Period  
**250**

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

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

**3250.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 112  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carlyle P Thorsen**

Mailing Address 8116 Kerry Lane

City State Zip Code  
Chevy Chase MD 20815-4812

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

Name of Employer Occupation  
Thorsen French Advocacy Partner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 02 / 2014**

**Transaction ID : A-CF36036**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Charles S Verdery**

Mailing Address 1605 N Edgewood Street

City State Zip Code  
Arlington VA 22201-3907

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

Name of Employer Occupation  
Monument Policy Group Partner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : A-CF36160**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Brent Williams**

Mailing Address 2000 Progress Drive

City State Zip Code  
Farmington MO 63640-9158

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

Name of Employer Occupation  
US Tool Grinding VP, Operations

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-CF36291**

Amount of Each Receipt this Period  
**3500**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brent Williams**

Mailing Address 2000 Progress Drive

City Farmington State MO Zip Code 63640-9158

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

Name of Employer US Tool Grinding Occupation VP, Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-MCNF33420**

Amount of Each Receipt this Period  
**-900**

Redesignation From  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Brent Williams**

Mailing Address 2000 Progress Drive

City Farmington State MO Zip Code 63640-9158

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

Name of Employer US Tool Grinding Occupation VP, Operations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-MCNF33421**

Amount of Each Receipt this Period  
**900**

Redesignation to  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Williams**

Mailing Address 2000 Progress Drive

City Farmington State MO Zip Code 63640-9158

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

Name of Employer US Tool Grinding Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-CF36287**

Amount of Each Receipt this Period  
**3500**

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

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

**3500.00**

**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 21 OF 112
	<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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Williams**

Mailing Address 2000 Progress Drive

City Farmington State MO Zip Code 63640-9158

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

Name of Employer US Tool Grinding Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-MCNF33422**

Amount of Each Receipt this Period  
**-900**

Redesignation from  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Williams**

Mailing Address 2000 Progress Drive

City Farmington State MO Zip Code 63640-9158

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

Name of Employer US Tool Grinding Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : A-MCNF33423**

Amount of Each Receipt this Period  
**900**

Redesignation to  
**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**0.00**

**40050.00**

**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 22 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ameren Federal PAC**

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 550 S

City Washington State DC Zip Code 20004-1776

FEC ID number of contributing federal political committee. **C C00206136**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36360**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**American Optometric Association**

Mailing Address 1505 Prince Street  
Suite 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C C00024968**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36359**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**American Resort Development Association Resort Owners Coalition Pac (arda-Roc Pac)**

Mailing Address 1201 15th Street NW  
Suite 400

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00358663**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-CF36268**

Amount of Each Receipt this Period  
1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anheuser-Busch PAC**

Mailing Address 1401 I Street NW  
Suite 200

City Washington State DC Zip Code 20005-6549

FEC ID number of contributing federal political committee. **C C00034488**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36358**

Amount of Each Receipt this Period  
5000

**B.** Full Name (Last, First, Middle Initial)  
**Association For Advanced Life Underwriting Pac (aalu Pac)**

Mailing Address 11921 Freedom Drive  
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-CF36269**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Association For Competitive Technology Political Action Committee**

Mailing Address 1401 K Street NW  
Suite 502

City Washington State DC Zip Code 20005-3417

FEC ID number of contributing federal political committee. **C C00353284**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

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

**Transaction ID : A-CF36146**

Amount of Each Receipt this Period  
500

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

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

8000.00

**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 24 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company RAILPAC**

Mailing Address 700 13th Street NW  
Suite 220

City Washington State DC Zip Code 20005-6612

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-IF36320**

Amount of Each Receipt this Period  
127.14

Inkind: In Kind

**B.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company RAILPAC**

Mailing Address 700 13th Street NW  
Suite 220

City Washington State DC Zip Code 20005-6612

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36357**

Amount of Each Receipt this Period  
1872.86

**C.** Full Name (Last, First, Middle Initial)  
**Bryan Cave Llp Political Action Committee**

Mailing Address 1155 F Street NW  
Suite 700

City Washington State DC Zip Code 20004-1312

FEC ID number of contributing federal political committee. **C C00332643**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : A-CF36202**

Amount of Each Receipt this Period  
500

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

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

2500.00



**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 25 OF 112
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Business Software Alliance Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1150 18th Street NW  
Suite 700

City Washington State DC Zip Code 20036-3817

FEC ID number of contributing federal political committee. **C C00416685**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : A-CF36144**

Amount of Each Receipt this Period  
500

**B. Caterpillar Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 NE Adams Street

City Peoria State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF36370**

Amount of Each Receipt this Period  
1000

**C. CBS Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Avenue NW  
Suite 540

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00423442**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : A-CF36225**

Amount of Each Receipt this Period  
1000

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

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

2500.00

**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 26 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**CMR Political Action Committee**

Mailing Address **PO Box 2485**

City **Springfield** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36371**

Amount of Each Receipt this Period  
**2500**

**B. Full Name (Last, First, Middle Initial)**  
**Consumer Electronics Association Pac**

Mailing Address **1919 S Eads Street**

City **Arlington** State **VA** Zip Code **22202-3028**

FEC ID number of contributing federal political committee. **C C00375048**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 26 / 2014**

**Transaction ID : A-CF36203**

Amount of Each Receipt this Period  
**1000**

**C. Full Name (Last, First, Middle Initial)**  
**Covington And Burling Llp Pac**

Mailing Address **1201 Pennsylvania Avenue NW**

City **Washington** State **DC** Zip Code **20004-2401**

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

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

**Transaction ID : A-CF36145**

Amount of Each Receipt this Period  
**1000**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 112	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. CSX Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 1331 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF36372**

Amount of Each Receipt this Period  
1000

**B. Deloitte Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF36334**

Amount of Each Receipt this Period  
1000

**C. Enterprise Holdings, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Corporate Park Drive

City Saint Louis State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF36356**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 28 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Fox Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 N Capitol Street NW  
 Suite 740  
 City Washington State DC Zip Code 20001-1512  
 FEC ID number of contributing federal political committee. **C C00330019**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014  
**Transaction ID : A-CF36226**  
 Amount of Each Receipt this Period  
 1000

**B. Google Inc. Netpac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 New York Avenue NW  
 Floor 2  
 City Washington State DC Zip Code 20005-4344  
 FEC ID number of contributing federal political committee. **C C00428623**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014  
**Transaction ID : A-CF36312**  
 Amount of Each Receipt this Period  
 1000

**C. I.P.H.F.H.A. Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7829 E Rockhill Street  
 Suite 201  
 City Wichita State KS Zip Code 67206-3918  
 FEC ID number of contributing federal political committee. **C C00251447**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014  
**Transaction ID : A-CF36326**  
 Amount of Each Receipt this Period  
 1000

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

3000.00

**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 29 OF 112
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Independent Insurance Agents & Brokers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 412 1st Street SE  
Suite 300  
City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36365**

Amount of Each Receipt this Period  
**1000**

**B. Intel Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1155 F STREET N.W. #1025  
City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00125641**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 04 / 2014**

**Transaction ID : A-CF36135**

Amount of Each Receipt this Period  
**2500**

**C. JPMorgan Chase & Co. Federal PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 10 S Dearborn Street  
City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C C00104299**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36335**

Amount of Each Receipt this Period  
**1000**

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 112	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KCP&L Power PAC Federal**

Mailing Address **PO Box 418679**

City **Kansas City** State **MO** Zip Code **64141-9679**

FEC ID number of contributing federal political committee. **C C00111310**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36366**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Koch Industries Inc Political Action Committee (kochpac)**

Mailing Address **600 14th Street NW  
Suite 800**

City **Washington** State **DC** Zip Code **20005-2099**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : A-CF36314**

Amount of Each Receipt this Period  
**1500**

**C.** Full Name (Last, First, Middle Initial)  
**Microsoft Corporation PAC**

Mailing Address **16011 NE 36th Way  
# 97017**

City **Redmond** State **WA** Zip Code **98052-6301**

FEC ID number of contributing federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF36367**

Amount of Each Receipt this Period  
**2500**

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

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

**5000.00**

**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 31 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. National Association of Broadcasters PAC**

Full Name (Last, First, Middle Initial)  
National Association of Broadcasters PAC

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36368**

Amount of Each Receipt this Period  
 1000

**B. National Beer Wholesalers Association PAC**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : A-CF36325**

Amount of Each Receipt this Period  
 2500

**C. National Cable & Telecommunications Association PAC**

Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications Association PAC

Mailing Address 25 Massachusetts Avenue NW  
Suite 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : A-CF36318**

Amount of Each Receipt this Period  
 1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. National Community Pharmacists Association PAC**

Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36361**

Amount of Each Receipt this Period  
 2500

**B. National Rifle Association Political Victory Fund**

Full Name (Last, First, Middle Initial)  
National Rifle Association Political Victory Fund

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030-6003

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : A-CF36313**

Amount of Each Receipt this Period  
 1000

**C. National Telecommunications Coop Assoc.**

Full Name (Last, First, Middle Initial)  
National Telecommunications Coop Assoc.

Mailing Address 4121 Wilson Boulevard

City Arlington State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36362**

Amount of Each Receipt this Period  
 1000

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

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

4500.00



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

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

FOR LINE NUMBER: PAGE 33 OF 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**New York Life Insurance Company Political Action Committee**

Mailing Address 51 Madison Avenue  
Room 1109

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-CF36270**

Amount of Each Receipt this Period  
1500

**B. Full Name (Last, First, Middle Initial)**  
**Norfolk Southern Corporation Good Government Fund**

Mailing Address 1 Constitution Avenue NE

City State Zip Code  
Washington DC 20002-5618

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36333**

Amount of Each Receipt this Period  
1000

**C. Full Name (Last, First, Middle Initial)**  
**Republican Operation To Secure And Keep A Majority (roskam Pac)**

Mailing Address PO Box 1011

City State Zip Code  
Wheaton IL 60187-1011

FEC ID number of contributing federal political committee. **C C00451294**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-IF36271**

Amount of Each Receipt this Period  
1800

Inkind: Fundraising Event held 3/12/2014

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

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

4300.00

**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 34 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**The Boeing Company PAC**

Mailing Address 1200 Wilson Boulevard

City State Zip Code  
Arlington VA 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : A-CF36315**

Amount of Each Receipt this Period  
1000

**B. Full Name (Last, First, Middle Initial)**  
**The Goldman Sachs Group, Inc. Political Action Committee**

Mailing Address 101 Constitution Avenue NW  
Suite 1000E

City State Zip Code  
Washington DC 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36336**

Amount of Each Receipt this Period  
1000

**C. Full Name (Last, First, Middle Initial)**  
**The Walt Disney Productions Employees Pac**

Mailing Address 425 3rd Street SW  
Suite 1100

City State Zip Code  
Washington DC 20024-3227

FEC ID number of contributing federal political committee. **C C00197749**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36369**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 35 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TIPAC -- Title Industry PAC of the**

Mailing Address 1828 L Sreet, NW Suite 705

City Washington State DC Zip Code 20036-5104

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36332**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Trinity Industries Employee Political Action Committee (sf) Inc.**

Mailing Address 2525 N Stemmons Freeway

City Dallas State TX Zip Code 75207-2401

FEC ID number of contributing federal political committee. **C** C00268904

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36399**

Amount of Each Receipt this Period  
 1500

**C.** Full Name (Last, First, Middle Initial)  
**Union Pacific Corporation Fund for Effective Government**

Mailing Address 600 13th Street NW Suite 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-IF36319**

Amount of Each Receipt this Period  
 121.26

Inkind: In Kind

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

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

2621.26

**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 36 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A. Union Pacific Corporation Fund for Effective Government**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 13th Street NW  
Suite 340  
City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : A-CF36363**

Amount of Each Receipt this Period  
**1878.74**

**B. United Parcel Service PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 55 Glenlake Parkway  
City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
**03 / 31 / 2014**

**Transaction ID : A-CF36364**

Amount of Each Receipt this Period  
**1000**

**C. Universal Music Group Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 2220 Colorado Avenue  
City Santa Monica State CA Zip Code 90404-3506

FEC ID number of contributing federal political committee. **C C00392464**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
**01 / 23 / 2014**

**Transaction ID : A-CF36109**

Amount of Each Receipt this Period  
**1000**

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

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

**3878.74**

**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 37 OF 112
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Valero Energy Corporation Political Action Committee**

Mailing Address 1 Valero Way

City San Antonio State TX Zip Code 78249-1616

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF36397**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Wine And Spirits Wholesalers Of America, Inc. Political Action Committee**

Mailing Address 805 15th Street NW Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-CF36267**

Amount of Each Receipt this Period  
 2500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

65300.00

**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 38 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. 1st Community Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 17 S Mount Auburn Road		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-36244</b>
City Cape Girardeau	State MO	
Zip Code 63703-4908	Purpose of Disbursement Account Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. 1st Community Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 17 S Mount Auburn Road		Amount of Each Disbursement this Period 64.3 <b>Transaction ID : B-E-36391</b>
City Cape Girardeau	State MO	
Zip Code 63703-4908	Purpose of Disbursement Check Order Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. 1st Community Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 17 S Mount Auburn Road		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-36386</b>
City Cape Girardeau	State MO	
Zip Code 63703-4908	Purpose of Disbursement Service Charge Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.30
<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 39 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 3226.51
City Carol Stream	State IL	
Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below	<b>Transaction ID : B-E-36053</b>
Candidate Name	Category/ Type 002	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn Express Downtown Memphis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 160 Union Avenue		Amount of Each Disbursement this Period 184.36
City Memphis	State TN	
Zip Code 38103-2618	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-575</b>
Candidate Name	Category/ Type 002	
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> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Holiday Inn Express Downtown Memphis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 160 Union Avenue		Amount of Each Disbursement this Period 199.36
City Memphis	State TN	
Zip Code 38103-2618	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-576</b>
Candidate Name	Category/ Type 002	
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> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3226.51
<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 40 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin St. Louis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 811 Spruce Street		Amount of Each Disbursement this Period 125.2
City Saint Louis	State MO	
Zip Code 63102-1717	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-588</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carmine's DC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 425 7th Street NW		Amount of Each Disbursement this Period 713.7
City Washington	State DC	
Zip Code 20004-2229	Purpose of Disbursement Fundraising Event Food Expense	<b>Transaction ID : B-S-585</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 60.84
City Washington	State DC	
Zip Code 20003-1826	Purpose of Disbursement Political Meal Expense	<b>Transaction ID : B-S-584</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
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 41 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rhodes 101 Stops</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 3140 Nash Road		Amount of Each Disbursement this Period 40.94
City Scott City	State MO	
Zip Code 63780-9600	Purpose of Disbursement Fuel Expense	<b>Transaction ID : B-S-579</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 549.18
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Fundraising Event Food Expense	<b>Transaction ID : B-S-586</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Saffron Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1610 N Kingshighway Street		Amount of Each Disbursement this Period 34.33
City Cape Girardeau	State MO	
Zip Code 63701-2196	Purpose of Disbursement Political Meal Expense	<b>Transaction ID : B-S-578</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
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 42 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 920 W Independence Street		Amount of Each Disbursement this Period 31.08
City Jackson State MO Zip Code 63755-1106	Purpose of Disbursement Fuel Expense Candidate Name Category/Type 002	
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>Transaction ID : B-S-577</b> <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)

Full Name (Last, First, Middle Initial) <b>B. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 3452.6
City Carol Stream State IL Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below Candidate Name Category/Type 002	
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>Transaction ID : B-E-36054</b> Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>C. Westin St. Louis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 811 Spruce Street		Amount of Each Disbursement this Period 15.03
City Saint Louis State MO Zip Code 63102-1717	Purpose of Disbursement Hotel Expense Candidate Name Category/Type 002	
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>Transaction ID : B-S-572</b> <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3452.60
<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 43 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Break Time</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 420 Norht Main		Amount of Each Disbursement this Period 32.6
City Sikeston	State MO	Zip Code 63801
Purpose of Disbursement Fuel Expense	Category/Type 002	
Candidate Name	Transaction ID : B-S-566	
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:	[MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 294 Siemers Drive		Amount of Each Disbursement this Period 32.92
City Cape Girardeau	State MO	Zip Code 63701-8419
Purpose of Disbursement Office Supply Expense	Category/Type 001	
Candidate Name	Transaction ID : B-S-568	
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:	[MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)	

Full Name (Last, First, Middle Initial) <b>c. Russo's Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 9904 Page Avenue		Amount of Each Disbursement this Period 575
City Saint Louis	State MO	Zip Code 63132-1431
Purpose of Disbursement Political Dinner Expense	Category/Type	
Candidate Name	Transaction ID : B-S-569	
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:	[MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)	

<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 44 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Russo's Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 9904 Page Avenue		Amount of Each Disbursement this Period 1173.97
City Saint Louis	State MO	
Zip Code 63132-1431	Purpose of Disbursement Political Dinner Expense	Transaction ID : B-S-571
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] Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EA Premium Transportation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 1811 Wyoming Street		Amount of Each Disbursement this Period 300
City Saint Louis	State MO	
Zip Code 63118-2522	Purpose of Disbursement Transportation Expense	Transaction ID : B-S-574
Candidate Name	Category/ Type 002	
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] Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Westin St. Louis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 811 Spruce Street		Amount of Each Disbursement this Period 144.77
City Saint Louis	State MO	
Zip Code 63102-1717	Purpose of Disbursement Lodging Expense	Transaction ID : B-S-573
Candidate Name	Category/ Type 002	
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] Subitemization of 1st Community Bank Visa(01/07/14)
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 45 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 920 W Independence Street		Amount of Each Disbursement this Period 27.74
City Jackson	State MO Zip Code 63755-1106	
Purpose of Disbursement Fuel Expense	Category/Type 002	<b>Transaction ID : B-S-567</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rhodes 101 Stops</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 3140 Nash Road		Amount of Each Disbursement this Period 55.12
City Scott City	State MO Zip Code 63780-9600	
Purpose of Disbursement Fuel Expense	Category/Type 002	<b>Transaction ID : B-S-561</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 181.9
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airfare Expense	Category/Type 002	<b>Transaction ID : B-S-562</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(01/07/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 46 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 322.9
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airfare Expense	Category/Type 002	<b>Transaction ID : B-S-564</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> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address PO Box 619612 MD 2400		Amount of Each Disbursement this Period 25
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airline Expense	Category/Type 002	<b>Transaction ID : B-S-565</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> Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 210.67
City Carol Stream	State IL Zip Code 60197-4512	
Purpose of Disbursement Office Supplies Expenses	Category/Type 001	<b>Transaction ID : B-E-36055</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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	210.67
<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 47 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>16</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		16		2013
M M	/	D D	/	Y Y Y Y								
12		16		2013								
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>6.38</td> </tr> </table>	6.38									
6.38												
City State Zip Code Cape Girardeau MO 63701-9998	Purpose of Disbursement Shipping Expense	Transaction ID : B-S-557  [MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)										
Candidate Name	Category/Type 001											
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. USPS</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>17</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		17		2013
M M	/	D D	/	Y Y Y Y								
12		17		2013								
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>4.31</td> </tr> </table>	4.31									
4.31												
City State Zip Code Cape Girardeau MO 63701-9998	Purpose of Disbursement Shipping Expense	Transaction ID : B-S-558  [MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)										
Candidate Name	Category/Type 001											
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. USPS</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>18</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		18		2013
M M	/	D D	/	Y Y Y Y								
12		18		2013								
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>6.21</td> </tr> </table>	6.21									
6.21												
City State Zip Code Cape Girardeau MO 63701-9998	Purpose of Disbursement Shipping Expense	Transaction ID : B-S-559  [MEMO ITEM] Subitemization of 1st Community Bank Visa(01/07/14)										
Candidate Name	Category/Type 001											
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).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 48 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period 2.07
City Cape Girardeau	State MO	
Zip Code 63701-9998	Purpose of Disbursement Shipping Expense	Transaction ID : B-S-560
Candidate Name	001 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] Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 294 Siemers Drive		Amount of Each Disbursement this Period 26.97
City Cape Girardeau	State MO	
Zip Code 63701-8419	Purpose of Disbursement Office Supplies Expense	Transaction ID : B-S-554
Candidate Name	001 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] Subitemization of 1st Community Bank Visa(01/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 294 Siemers Drive		Amount of Each Disbursement this Period 45.31
City Cape Girardeau	State MO	
Zip Code 63701-8419	Purpose of Disbursement Office Supplies Expense	Transaction ID : B-S-555
Candidate Name	001 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] Subitemization of 1st Community Bank Visa(01/07/14)
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 49 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. 1st Community Bank Visa</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 250.85
City Carol Stream	State IL	
Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below	<b>Transaction ID : B-E-36140</b>
Candidate Name	Category/Type 001	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period 48.24
City Cape Girardeau	State MO	
Zip Code 63701-9998	Purpose of Disbursement Postage Expense	<b>Transaction ID : B-S-589</b>
Candidate Name	Category/Type 001	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Victory Enterprises</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 5200 30th Street SW Suite 7		Amount of Each Disbursement this Period 202.61
City Davenport	State IA	
Zip Code 52802-3039	Purpose of Disbursement Lapel Sticker Expense	<b>Transaction ID : B-S-590</b>
Candidate Name	Category/Type 006	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.85
<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 50 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 06 / 2014</b>
Mailing Address PO Box 4512		Amount of Each Disbursement this Period <b>1988.32</b>
City Carol Stream	State IL	
Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below	<b>Transaction ID : B-E-36141</b>
Candidate Name	Category/Type <b>002</b>	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westin St. Louis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 25 / 2013</b>
Mailing Address 811 Spruce Street		Amount of Each Disbursement this Period <b>125.2</b>
City Saint Louis	State MO	
Zip Code 63102-1717	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-591</b>
Candidate Name	Category/Type <b>002</b>	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Double Tree Hotel Jefferson City</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2014</b>
Mailing Address 422 Monroe Street		Amount of Each Disbursement this Period <b>52.17</b>
City Jefferson City	State MO	
Zip Code 65101-3121	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-595</b>
Candidate Name	Category/Type <b>002</b>	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1988.32</b>
<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 51 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Double Tree Hotel Jefferson City</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 422 Monroe Street		Amount of Each Disbursement this Period 11.58
City Jefferson City	State MO Zip Code 65101-3121	
Purpose of Disbursement Lodging Expense	Category/Type 002	<b>Transaction ID : B-S-596</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)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)

Full Name (Last, First, Middle Initial) <b>B. Ruby Tuesday Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1120 Shapiro Drive		Amount of Each Disbursement this Period 47.18
City Festus	State MO Zip Code 63028-2300	
Purpose of Disbursement Political Meal Expense	Category/Type 002	<b>Transaction ID : B-S-593</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)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)

Full Name (Last, First, Middle Initial) <b>c. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 2647.93
City Carol Stream	State IL Zip Code 60197-4512	
Purpose of Disbursement Credit Card: See Below	Category/Type 002	<b>Transaction ID : B-E-36142</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)		
State: District:		Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2647.93
<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 52 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 600 14th Street NW		Amount of Each Disbursement this Period 125.47
City Washington	State DC	
Zip Code 20005-2008	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-600</b>
Candidate Name	Category/Type 002	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Crystal City Sports Pub</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 529 23rd Street S		Amount of Each Disbursement this Period 136.89
City Arlington	State VA	
Zip Code 22202-2517	Purpose of Disbursement Political Meal Expense	<b>Transaction ID : B-S-602</b>
Candidate Name	Category/Type 002	
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> Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cava</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 527 8th Street SE		Amount of Each Disbursement this Period 92.76
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Political Meal Expense	<b>Transaction ID : B-S-606</b>
Candidate Name	Category/Type 002	
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> Subitemization of 1st Community Bank Visa(02/06/14)
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 53 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ruby Tuesday Restaurant</b>			Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 1120 Shapiro Drive			Amount of Each Disbursement this Period 41.8
City Festus	State MO	Zip Code 63028-2300	
Purpose of Disbursement Political Meal Expense		Category/ Type 002	<b>Transaction ID : B-S-604</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Ruby Tuesday Restaurant</b>			Date of Disbursement MM / DD / YYYY 01 / 16 / 2014
Mailing Address 1120 Shapiro Drive			Amount of Each Disbursement this Period 55.04
City Festus	State MO	Zip Code 63028-2300	
Purpose of Disbursement Political Meal Expense		Category/ Type 002	<b>Transaction ID : B-S-607</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Colton's Steak House</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 2114 N. Westbrook			Amount of Each Disbursement this Period 52.6
City Poplar Bluff	State MO	Zip Code 63901	
Purpose of Disbursement Political Meal Expense		Category/ Type 002	<b>Transaction ID : B-S-597</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 54 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Double Tree Hotel Jefferson City</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 422 Monroe Street		Amount of Each Disbursement this Period 297.24
City Jefferson City	State MO Zip Code 65101-3121	
Purpose of Disbursement Lodging Expense	Category/Type 002	<b>Transaction ID : B-S-611</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Johnny's Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 400 N Capitol Street NW		Amount of Each Disbursement this Period 138.45
City Washington	State DC Zip Code 20001-1511	
Purpose of Disbursement Political Meal Expense	Category/Type 002	<b>Transaction ID : B-S-603</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Red Lobster</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 3269 William Street		Amount of Each Disbursement this Period 52.26
City Cape Girardeau	State MO Zip Code 63703-4961	
Purpose of Disbursement Political Meal Expense	Category/Type 002	<b>Transaction ID : B-S-601</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	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 55 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Red Lobster</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2014
Mailing Address 3269 William Street		Amount of Each Disbursement this Period 51.46
City Cape Girardeau	State MO	
Zip Code 63703-4961	Purpose of Disbursement Political Meal Expense	[MEMO ITEM] Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name	Category/Type 002	
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. Red Lobster</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2014
Mailing Address 3269 William Street		Amount of Each Disbursement this Period 43.89
City Cape Girardeau	State MO	
Zip Code 63703-4961	Purpose of Disbursement Political Meal Expense	[MEMO ITEM] Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name	Category/Type 002	
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. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address St. Louis Lambert Airport		Amount of Each Disbursement this Period 365.99
City Bridgeton	State MO	
Zip Code 63044	Purpose of Disbursement Airfare Expense	[MEMO ITEM] Subitemization of 1st Community Bank Visa(02/06/14)
Candidate Name	Category/Type 002	
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 56 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 621.76
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Fundraising Event Food and Bev	Transaction ID : B-S-609
Candidate Name	Category/Type 003	
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] Subitemization of 1st Community Bank Visa(02/06/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 1213.52
City Carol Stream State IL Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below	Transaction ID : B-E-36216
Candidate Name	Category/Type 002	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Break Time</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 420 Norht Main		Amount of Each Disbursement this Period 51.84
City Sikeston State MO Zip Code 63801	Purpose of Disbursement Fuel Expense	Transaction ID : B-S-659
Candidate Name	Category/Type 002	
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] Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1213.52
<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 57 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. University Plaza Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 333 S John Q Hammons Parkway		Amount of Each Disbursement this Period 33.46
City Springfield	State MO	
Zip Code 65806-2543	Purpose of Disbursement Lodging Expense	Transaction ID : B-S-657
Candidate Name	002 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] Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bobby Vans Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1201 New York Avenue		Amount of Each Disbursement this Period 189.5
City Washington	State DC	
Zip Code 20050	Purpose of Disbursement Political Meal	Transaction ID : B-S-652
Candidate Name	002 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] Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Saffron Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1610 N Kingshighway Street		Amount of Each Disbursement this Period 111.28
City Cape Girardeau	State MO	
Zip Code 63701-2196	Purpose of Disbursement Political Meal	Transaction ID : B-S-654
Candidate Name	002 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] Subitemization of 1st Community Bank Visa(03/05/14)
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 58 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO Box 20532		Amount of Each Disbursement this Period 642
City Atlanta	State GA Zip Code 30320-2532	
Purpose of Disbursement Airfare Expense	Category/Type 002	<b>Transaction ID : B-S-653</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> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 2933.68
City Carol Stream	State IL Zip Code 60197-4512	
Purpose of Disbursement Credit Card: See Below	Category/Type 002	<b>Transaction ID : B-E-36217</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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 601 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 113.7
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Political Meal	Category/Type 002	<b>Transaction ID : B-S-638</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> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2933.68
<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 59 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Capital Grille</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 601 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 13
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Political Meal	<b>Transaction ID : B-S-639</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Midway Bar &amp; Grill</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2014
Mailing Address 13551 Missouri 32		Amount of Each Disbursement this Period 346.73
City Ste. Genevieve	State MO	
Zip Code 63670	Purpose of Disbursement Political Meal	<b>Transaction ID : B-S-619</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott-St. Louis</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 660 Maryville Centre Drive		Amount of Each Disbursement this Period 20.74
City Saint Louis	State MO	
Zip Code 63141-5816	Purpose of Disbursement Political Meal	<b>Transaction ID : B-S-640</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
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 60 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hank's Oyster Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1624 Q Street NW			Amount of Each Disbursement this Period 256.05
City Washington	State DC	Zip Code 20009-6354	
Purpose of Disbursement Political Meal		Category/ Type 002	<b>Transaction ID : B-S-623</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Del Frisco</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1201 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 104.05
City Washington	State DC	Zip Code 20004-2401	
Purpose of Disbursement Political Meal		Category/ Type 002	<b>Transaction ID : B-S-632</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO Box 20532			Amount of Each Disbursement this Period 25
City Atlanta	State GA	Zip Code 30320-2532	
Purpose of Disbursement Airline Expense		Category/ Type 002	<b>Transaction ID : B-S-643</b>  <b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	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 61 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rhodes 101 Stops</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 3140 Nash Road		Amount of Each Disbursement this Period 5.01
City Scott City	State MO	
Zip Code 63780-9600	Purpose of Disbursement Fuel Expense	<b>Transaction ID : B-S-633</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ruby Tuesday Restaurant</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 1120 Shapiro Drive		Amount of Each Disbursement this Period 51.46
City Festus	State MO	
Zip Code 63028-2300	Purpose of Disbursement Political Meal	<b>Transaction ID : B-S-645</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Johnny's Half Shell</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 400 N Capitol Street NW		Amount of Each Disbursement this Period 78.75
City Washington	State DC	
Zip Code 20001-1511	Purpose of Disbursement Political Meal	<b>Transaction ID : B-S-629</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
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 62 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Courtyard Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 900 F Street NW		Amount of Each Disbursement this Period 1195.38
City Washington	State DC	
Zip Code 20004-1404	Purpose of Disbursement Lodging Expense	[MEMO ITEM] Subitemization of 1st Community Bank Visa(03/05/14)
Candidate Name	Category/Type 002	
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. Courtyard Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2014
Mailing Address 900 F Street NW		Amount of Each Disbursement this Period 199.23
City Washington	State DC	
Zip Code 20004-1404	Purpose of Disbursement Food and Beverage Expense	[MEMO ITEM] Subitemization of 1st Community Bank Visa(03/05/14)
Candidate Name	Category/Type 002	
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. 1st Community Bank Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 4512		Amount of Each Disbursement this Period 278.44
City Carol Stream	State IL	
Zip Code 60197-4512	Purpose of Disbursement Credit Card: See Below	Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name	Category/Type 001	
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).....	278.44
<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 63 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 320 N Frederick Street		Amount of Each Disbursement this Period 49
City Cape Girardeau	State MO	
Zip Code 63701-9998	Purpose of Disbursement Mailing Expense	<b>Transaction ID : B-S-651</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. University Plaza Hotel</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 333 S John Q Hammons Parkway		Amount of Each Disbursement this Period 33.46
City Springfield	State MO	
Zip Code 65806-2543	Purpose of Disbursement Lodging Expense	<b>Transaction ID : B-S-650</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2014
Mailing Address 232 Shirley Drive		Amount of Each Disbursement this Period 45
City Cape Girardeau	State MO	
Zip Code 63701-8478	Purpose of Disbursement Membership Dues Expense	<b>Transaction ID : B-S-648</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of 1st Community Bank Visa(03/05/14)
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 64 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ameren Union Electric</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 07 / 2014</b>
Mailing Address <b>PO Box 66529</b>			Amount of Each Disbursement this Period <b>153.96</b>
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63166-6529</b>	<b>Transaction ID : B-E-36048</b>
Purpose of Disbursement <b>Utility Expense</b>		Category/ Type <b>001</b>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ameren Union Electric</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2014</b>
Mailing Address <b>PO Box 66529</b>			Amount of Each Disbursement this Period <b>193.33</b>
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63166-6529</b>	<b>Transaction ID : B-E-36130</b>
Purpose of Disbursement <b>Utilities Expense</b>		Category/ Type <b>001</b>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ameren Union Electric</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2014</b>
Mailing Address <b>PO Box 66529</b>			Amount of Each Disbursement this Period <b>172.62</b>
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63166-6529</b>	<b>Transaction ID : B-E-36236</b>
Purpose of Disbursement <b>Utilities Expense</b>		Category/ Type <b>001</b>	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>519.91</b>
<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 66 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 21 / 2014</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>1724.4</b> <b>Transaction ID : B-E-36187</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>Computer software Expense</b> Category/Type <b>001</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)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Axiom Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2014</b>
Mailing Address <b>1251 NW Briarcliff Parkway Suite 85</b>		Amount of Each Disbursement this Period <b>12500</b> <b>Transaction ID : B-E-36039</b>
City <b>Kansas City</b> State <b>MO</b> Zip Code <b>64116-1780</b>	Purpose of Disbursement <b>Operational and Strategic Consulting</b> Category/Type <b>001</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)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Axiom Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2014</b>
Mailing Address <b>1251 NW Briarcliff Parkway Suite 85</b>		Amount of Each Disbursement this Period <b>2500</b> <b>Transaction ID : B-E-36131</b>
City <b>Kansas City</b> State <b>MO</b> Zip Code <b>64116-1780</b>	Purpose of Disbursement <b>Operational and Strategic Consulting</b> Category/Type <b>001</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)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16724.40</b>
<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 67 OF 112			
	<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	

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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Axiom Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-36221</b>
City Kansas City State MO Zip Code 64116-1780	Purpose of Disbursement Operational and Strategic Consulting Candidate Name Category/Type 001	
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. Barklage and Knodell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 7925 Clayton Road Suite 200		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-36040</b>
City Saint Louis State MO Zip Code 63117-1369	Purpose of Disbursement Operational and Strategic Consulting Candidate Name Category/Type 001	
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. Begley, Young, Unterreiner and White</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 2103 Themis Street		Amount of Each Disbursement this Period 1227.45 <b>Transaction ID : B-E-36091</b>
City Cape Girardeau State MO Zip Code 63701-5123	Purpose of Disbursement Payroll Expense Candidate Name Category/Type 001	
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).....	8727.45
<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 68 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Begley, Young, Unterreiner and White</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2103 Themis Street			Amount of Each Disbursement this Period 1277.45 <b>Transaction ID : B-E-36121</b>
City Cape Girardeau	State MO	Zip Code 63701-5123	
Purpose of Disbursement Payroll Expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Begley, Young, Unterreiner and White</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 2103 Themis Street			Amount of Each Disbursement this Period 580 <b>Transaction ID : B-E-36167</b>
City Cape Girardeau	State MO	Zip Code 63701-5123	
Purpose of Disbursement Payroll Services Expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Begley, Young, Unterreiner and White</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 2103 Themis Street			Amount of Each Disbursement this Period 1277.45 <b>Transaction ID : B-E-36166</b>
City Cape Girardeau	State MO	Zip Code 63701-5123	
Purpose of Disbursement Payroll Expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3134.90
<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 69 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Begley, Young, Unterreiner and White</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 21 / 2014</b>
Mailing Address 2103 Themis Street		Amount of Each Disbursement this Period <b>560</b> <b>Transaction ID : B-E-36186</b>
City Cape Girardeau	State MO	
Zip Code 63701-5123	Purpose of Disbursement Tax Professional Services Expense	Category/ Type <b>001</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)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Begley, Young, Unterreiner and White</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address 2103 Themis Street		Amount of Each Disbursement this Period <b>1277.45</b> <b>Transaction ID : B-E-36196</b>
City Cape Girardeau	State MO	
Zip Code 63701-5123	Purpose of Disbursement Payroll Expense	Category/ Type <b>001</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)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Begley, Young, Unterreiner and White</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address 2103 Themis Street		Amount of Each Disbursement this Period <b>1277.45</b> <b>Transaction ID : B-E-36252</b>
City Cape Girardeau	State MO	
Zip Code 63701-5123	Purpose of Disbursement Payroll Expense	Category/ Type <b>001</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)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3114.90</b>
<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 70 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Begley, Young, Unterreiner and White</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2014</b>
Mailing Address 2103 Themis Street			Amount of Each Disbursement this Period <b>1277.45</b> <b>Transaction ID : B-E-36321</b>
City Cape Girardeau	State MO	Zip Code 63701-5123	
Purpose of Disbursement Payroll Expense	Candidate Name		Category/ Type <b>001</b>
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. Bespoke Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2014</b>
Mailing Address PO Box 7221			Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-36035</b>
City Columbia	State MO	Zip Code 65205-7221	
Purpose of Disbursement FEC Compliance	Candidate Name		Category/ Type <b>001</b>
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. Bespoke Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 06 / 2014</b>
Mailing Address PO Box 7221			Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-36139</b>
City Columbia	State MO	Zip Code 65205-7221	
Purpose of Disbursement FEC Compliance	Candidate Name		Category/ Type <b>001</b>
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).....	<b>3277.45</b>
<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 71 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bespoke Group</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address PO Box 7221		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-36222</b>
City Columbia	State MO	
Zip Code 65205-7221	Purpose of Disbursement FEC Compliance Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bobby Vans Grille</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1201 New York Avenue		Amount of Each Disbursement this Period 1300 <b>Transaction ID : B-S-663</b>
City Washington	State DC	
Zip Code 20050	Purpose of Disbursement Food and Beverage Expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Republican Operation To Secure And Keep A Majority (roskam Pac)(03/17/14)

Full Name (Last, First, Middle Initial) <b>c. Cafe 37</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 37 Court Square		Amount of Each Disbursement this Period 578.67 <b>Transaction ID : B-E-36028</b>
City West Plains	State MO	
Zip Code 65775-3445	Purpose of Disbursement Food and Beverage Expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1578.67
<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 72 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 24 S Jackson Street		Amount of Each Disbursement this Period 9000 <b>Transaction ID : B-E-36038</b>
City Perryville State MO Zip Code 63775-2515	Purpose of Disbursement Operational and Strategic Consulting Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Campaign Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 24 S Jackson Street		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-36132</b>
City Perryville State MO Zip Code 63775-2515	Purpose of Disbursement Operational and Strategic Consulting Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Cape Area Friends of NRA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1210 Anna Street		Amount of Each Disbursement this Period 310 <b>Transaction ID : B-E-36129</b>
City Jackson State MO Zip Code 63755-2202	Purpose of Disbursement Banquet Sponsorship and Ticket Expense Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12310.00
<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 73 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cape Girardeau County Republican Women</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 431		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-36215</b>
City Cape Girardeau	State MO	
Zip Code 63702-0431	Purpose of Disbursement Event Tickets Expense	Category/ Type 011
Candidate Name Cape Girardeau County Republican Women	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cape Girardeau County Republican Women</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address PO Box 431		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-36279</b>
City Cape Girardeau	State MO	
Zip Code 63702-0431	Purpose of Disbursement Program Ad Expense	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capital Enhancement</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 150 Long Road Suite 50		Amount of Each Disbursement this Period 2115 <b>Transaction ID : B-E-36113</b>
City Chesterfield	State MO	
Zip Code 63005-1239	Purpose of Disbursement Fundraising Consulting Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2565.00
<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 74 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 549.18 <b>Transaction ID : B-E-36026</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food and Beverage Expense Candidate Name Category/Type 003	
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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 621.76 <b>Transaction ID : B-E-36099</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food and Beverage Expense Candidate Name Category/Type 003	
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. Celebrations by Request</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 129		Amount of Each Disbursement this Period 2364.27 <b>Transaction ID : B-E-36029</b>
City Cape Girardeau State MO Zip Code 63702-0129	Purpose of Disbursement Food and Beverage Expense Candidate Name Category/Type 003	
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).....	3535.21
<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 75 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1620 N Kings Highway Street		Amount of Each Disbursement this Period 306.54 <b>Transaction ID : B-E-36049</b>
City Cape Girardeau State MO Zip Code 63701-2120	Purpose of Disbursement Phone and Internet Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1620 N Kings Highway Street		Amount of Each Disbursement this Period 306.87 <b>Transaction ID : B-E-36134</b>
City Cape Girardeau State MO Zip Code 63701-2120	Purpose of Disbursement Internet and Phone Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1620 N Kings Highway Street		Amount of Each Disbursement this Period 306.87 <b>Transaction ID : B-E-36219</b>
City Cape Girardeau State MO Zip Code 63701-2120	Purpose of Disbursement Phone and Internet Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	920.28
<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 76 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 3635 Ruffin Road Floor 3		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-36090</b>
City San Diego State CA Zip Code 92123-1880	Purpose of Disbursement Credit Card Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3635 Ruffin Road Floor 3		Amount of Each Disbursement this Period 6.75 <b>Transaction ID : B-E-36107</b>
City San Diego State CA Zip Code 92123-1880	Purpose of Disbursement Credit Card Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 3635 Ruffin Road Floor 3		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-36327</b>
City San Diego State CA Zip Code 92123-1880	Purpose of Disbursement Credit Card Fee Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. DSW Development</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 101 Farrar Drive		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-36046</b>
City Cape Girardeau	State MO	
Purpose of Disbursement Office Rent Expense	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DSW Development</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 101 Farrar Drive		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-36125</b>
City Cape Girardeau	State MO	
Purpose of Disbursement Office Rent Expense	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DSW Development</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 101 Farrar Drive		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-36199</b>
City Cape Girardeau	State MO	
Purpose of Disbursement Office Rent Expense	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<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 78 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dunklin Co. Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2014</b>
Mailing Address 1101 N Ricky Road			Amount of Each Disbursement this Period <b>250</b> Transaction ID : B-E-36193
City Kennett	State MO	Zip Code 63857-3351	Category/ Type <b>004</b>
Purpose of Disbursement Program Ad Expense			
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2014</b>
Mailing Address PO Box 16230			Amount of Each Disbursement this Period <b>132.39</b> Transaction ID : B-E-36088
City Saint Louis	State MO	Zip Code 63105-0930	Category/ Type <b>001</b>
Purpose of Disbursement Vehicle Rental Expense			
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent-A-Car</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2014</b>
Mailing Address PO Box 16230			Amount of Each Disbursement this Period <b>392.98</b> Transaction ID : B-E-36220
City Saint Louis	State MO	Zip Code 63105-0930	Category/ Type <b>002</b>
Purpose of Disbursement Vehicle Rental			
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>775.37</b>
<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 79 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 16230		Amount of Each Disbursement this Period 293.67 <b>Transaction ID : B-E-36272</b>
City Saint Louis	State MO	
Zip Code 63105-0930	Purpose of Disbursement Vehicle Rental Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Farmington Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 302 N Washington Street		Amount of Each Disbursement this Period 219 <b>Transaction ID : B-E-36071</b>
City Farmington	State MO	
Zip Code 63640-1752	Purpose of Disbursement Membership Dues Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 72.26 <b>Transaction ID : B-E-36165</b>
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Shipping Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	584.93
<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 80 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2014</b>
Mailing Address <b>PO Box 1140</b>		Amount of Each Disbursement this Period <b>52.04</b>
City <b>Memphis</b> State <b>TN</b> Zip Code <b>38101-1140</b>	Purpose of Disbursement <b>Shipping Expenses</b> <b>001</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-E-36247</b>

Full Name (Last, First, Middle Initial) <b>B. Goodradio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2014</b>
Mailing Address <b>1401 Krei Blvd</b>		Amount of Each Disbursement this Period <b>85.86</b>
City <b>Farmington</b> State <b>MO</b> Zip Code <b>63640</b>	Purpose of Disbursement <b>Radio Ad Expense</b> <b>004</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-E-36158</b>

Full Name (Last, First, Middle Initial) <b>c. Grand Valley Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2014</b>
Mailing Address <b>213 Ashby Street</b>		Amount of Each Disbursement this Period <b>2500</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22305-2902</b>	Purpose of Disbursement <b>Operational and Strategic Consulting</b> <b>003</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-E-36041</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2637.90</b>
<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 81 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Valley Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 43.17 <b>Transaction ID : B-E-36042</b>
City Alexandria	State VA	Zip Code 22305-2902	
Purpose of Disbursement Shipping Expenses		Category/ Type 003	Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 1140			Amount of Each Disbursement this Period 14.43 <b>Transaction ID : B-S-528</b>
City Memphis	State TN	Zip Code 38101-1140	
Purpose of Disbursement Shipping Expense		Category/ Type 003	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(01/03/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO Box 1140			Amount of Each Disbursement this Period 14.37 <b>Transaction ID : B-S-529</b>
City Memphis	State TN	Zip Code 38101-1140	
Purpose of Disbursement Shipping Expense		Category/ Type 003	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(01/03/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.17
<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 82 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 14.37
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Shipping Expense	<b>Transaction ID : B-S-530</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(01/03/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grand Valley Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 213 Ashby Street		Amount of Each Disbursement this Period 2500
City Alexandria	State VA	
Zip Code 22305-2902	Purpose of Disbursement Operational and Strategic Consulting	<b>Transaction ID : B-E-36043</b>
Candidate Name	003 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. Grand Valley Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 213 Ashby Street		Amount of Each Disbursement this Period 4532.52
City Alexandria	State VA	
Zip Code 22305-2902	Purpose of Disbursement Expense Reimbursement: See Below	<b>Transaction ID : B-E-36044</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Original vendors exceeding reporting threshold itemized as memo transactions.</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7032.52
<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 83 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. DC Taste</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 1600 Fitzgerald Lane		Amount of Each Disbursement this Period 955.01
City Alexandria	State VA	Zip Code 22302-2004
Purpose of Disbursement Food and Beverage Expense	Category/Type 003	
Candidate Name	Transaction ID : B-S-532	
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:	[MEMO ITEM] Subitemization of Grand Valley Consulting LLC(01/03/14)	

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 25.5
City Memphis	State TN	Zip Code 38101-1140
Purpose of Disbursement Shipping Expense	Category/Type 003	
Candidate Name	Transaction ID : B-S-534	
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:	[MEMO ITEM] Subitemization of Grand Valley Consulting LLC(01/03/14)	

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 14.3
City Memphis	State TN	Zip Code 38101-1140
Purpose of Disbursement Shipping Expense	Category/Type 003	
Candidate Name	Transaction ID : B-S-535	
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:	[MEMO ITEM] Subitemization of Grand Valley Consulting LLC(01/03/14)	

<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 84 OF 112			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carmine's DC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 425 7th Street NW		Amount of Each Disbursement this Period 1426.1
City Washington	State DC	
Zip Code 20004-2229	Purpose of Disbursement Food and Beverage Expense	Transaction ID : B-S-531
Candidate Name	Category/Type 003	
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] Subitemization of Grand Valley Consulting LLC(01/03/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ruth's Chris</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1801 Connecticut Avenue NW		Amount of Each Disbursement this Period 2111.61
City Washington	State DC	
Zip Code 20009-5700	Purpose of Disbursement Food and Beverage Expense	Transaction ID : B-S-533
Candidate Name	Category/Type 003	
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] Subitemization of Grand Valley Consulting LLC(01/03/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Grand Valley Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 213 Ashby Street		Amount of Each Disbursement this Period 2500
City Alexandria	State VA	
Zip Code 22305-2902	Purpose of Disbursement Operational and Strategic Consulting	Transaction ID : B-E-36153
Candidate Name	Category/Type 003	
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).....	2500.00
<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 85 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Valley Consulting LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 213 Ashby Street			Amount of Each Disbursement this Period 504.95 <b>Transaction ID : B-E-36154</b>
City Alexandria	State VA	Zip Code 22305-2902	
Purpose of Disbursement Expense Reimbursement: See Below		Category/ Type 003	Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Menus Catering</b>			Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 655 Taylor Street NE			Amount of Each Disbursement this Period 464.19 <b>Transaction ID : B-S-550</b>
City Washington	State DC	Zip Code 20017-2063	
Purpose of Disbursement Food and Beverage Expense		Category/ Type 003	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(02/10/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>			Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address PO Box 1140			Amount of Each Disbursement this Period 25.84 <b>Transaction ID : B-S-548</b>
City Memphis	State TN	Zip Code 38101-1140	
Purpose of Disbursement Shipping Expense		Category/ Type 003	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(02/10/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	504.95
<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 86 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 14.92
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Shipping Expense	<b>Transaction ID : B-S-549</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Grand Valley Consulting LLC(02/10/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 984.2
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Federal Tax Deposit	<b>Transaction ID : B-E-36080</b>
Candidate Name	001 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. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 37941		Amount of Each Disbursement this Period 389.88
City Hartford	State CT	
Zip Code 06176-7941	Purpose of Disbursement Federal Tax Deposit	<b>Transaction ID : B-E-36106</b>
Candidate Name	001 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).....	1374.08
<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 87 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 15 / 2014</b>
Mailing Address <b>PO Box 37941</b>		Amount of Each Disbursement this Period <b>978.2</b> <b>Transaction ID : B-E-36122</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06176-7941</b>	Purpose of Disbursement <b>Federal Tax Deposit</b> Category/Type <b>001</b>	
Candidate Name	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)	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2014</b>
Mailing Address <b>PO Box 37941</b>		Amount of Each Disbursement this Period <b>978.2</b> <b>Transaction ID : B-E-36197</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06176-7941</b>	Purpose of Disbursement <b>Federal Tax Deposit</b> Category/Type <b>001</b>	
Candidate Name	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)	

Full Name (Last, First, Middle Initial) <b>C. J Marie's Flowers and Boutique</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 19 / 2014</b>
Mailing Address <b>149 W Yoakum Avenue</b>		Amount of Each Disbursement this Period <b>90.23</b> <b>Transaction ID : B-E-36277</b>
City <b>Chaffee</b> State <b>MO</b> Zip Code <b>63740-1136</b>	Purpose of Disbursement <b>Constituent Funeral Flowers</b> Category/Type	
Candidate Name	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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2046.63</b>
<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 88 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. J Marie's Flowers and Boutique</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 149 W Yoakum Avenue			Amount of Each Disbursement this Period 68.49
City Chaffee	State MO	Zip Code 63740-1136	
Purpose of Disbursement Gift: Constituent Flowers		Category/ Type	<b>Transaction ID : B-E-36278</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)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Jackson Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 125 E Main Street			Amount of Each Disbursement this Period 250
City Jackson	State MO	Zip Code 63755-1480	
Purpose of Disbursement Membership Dues Expense		Category/ Type	<b>Transaction ID : B-E-36073</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)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Kinetic 5</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO Box 3524			Amount of Each Disbursement this Period 100
City Springfield	State MO	Zip Code 65808-3524	
Purpose of Disbursement Website Hosting Expense		Category/ Type	<b>Transaction ID : B-E-36094</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)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	418.49
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kinetic 5</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address PO Box 3524		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-36123</b>
City Springfield	State MO	
Zip Code 65808-3524	Purpose of Disbursement Web Hosting Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 121 E Columbia Street		Amount of Each Disbursement this Period 363.18 <b>Transaction ID : B-E-36096</b>
City Farmington	State MO	
Zip Code 63640-3104	Purpose of Disbursement Fundraising Mailer Expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 121 E Columbia Street		Amount of Each Disbursement this Period 651.65 <b>Transaction ID : B-E-36273</b>
City Farmington	State MO	
Zip Code 63640-3104	Purpose of Disbursement Mailing Expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1114.83
<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 90 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 121 E Columbia Street		Amount of Each Disbursement this Period 110.9 <b>Transaction ID : B-E-36324</b>
City Farmington State MO Zip Code 63640-3104	Purpose of Disbursement Mailing Expense Candidate Name Category/Type 003	
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. Missouri Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 999		Amount of Each Disbursement this Period 789 <b>Transaction ID : B-E-36105</b>
City Jefferson City State MO Zip Code 65108-0999	Purpose of Disbursement Quarterly Tax Deposit Expense Candidate Name Category/Type 001	
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. Owens Dynamic</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 1985		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-36104</b>
City Ozark State MO Zip Code 65721-1985	Purpose of Disbursement Operational and Strategic Consulting Candidate Name Category/Type 001	
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).....	1899.90
<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 91 OF 112		
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Owens Dynamic</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address PO Box 1985		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-36184</b>
City Ozark	State MO	
Zip Code 65721-1985	Purpose of Disbursement Operational and Strategic Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Phelps County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 621 Salem Avenue C O Mindy Hines		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-36148</b>
City Rolla	State MO	
Zip Code 65401-3410	Purpose of Disbursement Event Sponsorship	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Phelps County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 621 Salem Avenue C O Mindy Hines		Amount of Each Disbursement this Period 60 <b>Transaction ID : B-E-36210</b>
City Rolla	State MO	
Zip Code 65401-3410	Purpose of Disbursement Event Tickets Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1310.00
<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 92 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Poplar Bluff Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 3986		Amount of Each Disbursement this Period 2110.00 <b>Transaction ID : B-E-36124</b>
City Poplar Bluff	State MO	
Purpose of Disbursement Chamber Banquet Ticket Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Republican Operation To Secure And Keep A Majority (roskam Pac)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 1011		Amount of Each Disbursement this Period 1800 <b>Transaction ID : B-I-36271</b>
City Wheaton	State IL	
Purpose of Disbursement Inkind: Fundraising Event held 3/12/2014		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Rolla Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1301 Kingshighway Street		Amount of Each Disbursement this Period 205 <b>Transaction ID : B-E-36031</b>
City Rolla	State MO	
Purpose of Disbursement Membership Dues Expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2110.00
<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 93 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rolla Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1301 Kingshighway Street			Amount of Each Disbursement this Period 45 <b>Transaction ID : B-E-36085</b>
City Rolla	State MO	Zip Code 65401-2926	
Purpose of Disbursement Chamber Banquet Tickets		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sam's Club</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 232 Shirley Drive			Amount of Each Disbursement this Period 115.41 <b>Transaction ID : B-E-36070</b>
City Cape Girardeau	State MO	Zip Code 63701-8478	
Purpose of Disbursement Beverage Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. State Farm Insurance</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 204 Ferguson Street			Amount of Each Disbursement this Period 109.23 <b>Transaction ID : B-E-36047</b>
City Poplar Bluff	State MO	Zip Code 63901-4900	
Purpose of Disbursement Property Insurance Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	269.64
<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 94 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial)  
**A. Tasteful Creations**

Mailing Address 7041 Highway Cc

City Qulin State MO Zip Code 63961-9108

Purpose of Disbursement Food and Beverage Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 17 / 2014

Amount of Each Disbursement this Period: 547.17

Transaction ID : B-E-36098

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**B. The Congressional Institute**

Mailing Address 1700 Diagonal Road Suite 730

City Alexandria State VA Zip Code 22314-2843

Purpose of Disbursement House Member Retreat Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 890

Transaction ID : B-E-36143

Category/Type:

Full Name (Last, First, Middle Initial)  
**c. The Townsend Group**

Mailing Address 1660 W 2nd Street Suite 450

City Cleveland State OH Zip Code 44113-1454

Purpose of Disbursement Fundraising Consulting Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 500

Transaction ID : B-S-662

Category/Type: 003

**[MEMO ITEM]**  
Subitemization of Republican Operation To Secure And Keep A Majority (roskam Pac)(03/17/14)

**SUBTOTAL** of Disbursements This Page (optional)..... 1437.17

**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 95 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. University Plaza Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 333 S John Q Hammons Parkway		Amount of Each Disbursement this Period 173.52 <b>Transaction ID : B-E-36162</b>
City Springfield	State MO Zip Code 65806-2543	
Purpose of Disbursement Hospitality Room Rental Expense	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 241.88 <b>Transaction ID : B-E-36086</b>
City Lehigh Valley	State PA Zip Code 18002-5505	
Purpose of Disbursement Phone Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 105.88 <b>Transaction ID : B-E-36152</b>
City Lehigh Valley	State PA Zip Code 18002-5505	
Purpose of Disbursement Phone Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	521.88
<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 96 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 378.00 <b>Transaction ID : B-E-36164</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Phone Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 105.88 <b>Transaction ID : B-E-36234</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Phone Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 136.05 <b>Transaction ID : B-E-36246</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Phone Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	378.00
<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 97 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Melanie Bell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 919		Amount of Each Disbursement this Period 125.2 <b>Transaction ID : B-E-36100</b>
City Steelville	State MO	
Zip Code 65565-0919	Purpose of Disbursement Lodging Expense Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Melanie Bell</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 919		Amount of Each Disbursement this Period 127.13 <b>Transaction ID : B-E-36101</b>
City Steelville	State MO	
Zip Code 65565-0919	Purpose of Disbursement Travel Expense Reimbursement: See Below	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Country Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1901 W 19th Street		Amount of Each Disbursement this Period 37.74 <b>Transaction ID : B-S-546</b>
City Mountain Grove	State MO	
Zip Code 65711-1287	Purpose of Disbursement Food Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Melanie Bell(01/17/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	252.33
<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 98 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ross Branson</b>			Date of Disbursement MM / DD / YYYY 01 / 16 / 2014	
Mailing Address 2326 Three Chimneys Road Apt. A			Amount of Each Disbursement this Period 153.55	
City Rolla	State MO	Zip Code 65401-2191	Transaction ID : B-E-36157	
Purpose of Disbursement Lodging Expense Reimbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ross Branson</b>			Date of Disbursement MM / DD / YYYY 02 / 18 / 2014	
Mailing Address 2326 Three Chimneys Road Apt. A			Amount of Each Disbursement this Period 250	
City Rolla	State MO	Zip Code 65401-2191	Transaction ID : B-E-36172	
Purpose of Disbursement Campaign Education Expense Reimbursement		Category/ Type 007		
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)		Original vendors exceeding reporting threshold itemized as memo transactions.	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Republican National Committee</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2014	
Mailing Address 320 1st Street SE			Amount of Each Disbursement this Period 250	
City Washington	State DC	Zip Code 20003-1838	Transaction ID : B-S-612	
Purpose of Disbursement Campaign Education Expense		Category/ Type 007	[MEMO ITEM] Subitemization of Ross Branson(02/18/14)	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	403.55
<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 99 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ross Branson</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 2326 Three Chimneys Road Apt. A		Amount of Each Disbursement this Period 982.45 <b>Transaction ID : B-E-36253</b>
City Rolla State MO Zip Code 65401-2191	Purpose of Disbursement Fuel Expense Reimbursement Candidate Name Category/Type 002	
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. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 232 Shirley Drive		Amount of Each Disbursement this Period 109.81 <b>Transaction ID : B-S-616</b>
City Cape Girardeau State MO Zip Code 63701-8478	Purpose of Disbursement Food and Beverage Expense Candidate Name Category/Type 007	
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>[MEMO ITEM]</b> Subitemization of Casey Burns(02/24/14)

Full Name (Last, First, Middle Initial) <b>c. Jay M Decker</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 1650 W Harper Street		Amount of Each Disbursement this Period 946.66 <b>Transaction ID : B-E-36030</b>
City Poplar Bluff State MO Zip Code 63901-4119	Purpose of Disbursement Fundraiser Decorations Expense Reimbursement Candidate Name Category/Type 003	
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:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	982.45
<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 100 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Doniphan Flowers &amp; Gifts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2013
Mailing Address 1205 Walnut Street		Amount of Each Disbursement this Period 946.66
City Doniphan	State MO Zip Code 63935-1341	
Purpose of Disbursement Decoration Expense	Category/Type 003	<b>Transaction ID : B-S-545</b>  <b>[MEMO ITEM]</b> Subitemization of Jay Decker(01/02/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Justin Gibbs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1600 S Eads Street Apt. 525S		Amount of Each Disbursement this Period 45.55
City Arlington	State VA Zip Code 22202-2943	
Purpose of Disbursement Parking Expense Reimbursement	Category/Type 002	<b>Transaction ID : B-E-36081</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Justin Gibbs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1600 S Eads Street Apt. 525S		Amount of Each Disbursement this Period 195.75
City Arlington	State VA Zip Code 22202-2943	
Purpose of Disbursement Political Gift Expense Reimbursement	Category/Type 006	<b>Transaction ID : B-E-36083</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	241.30
<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 101 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address B217 Longworth Bldg.		Amount of Each Disbursement this Period 195.75
City Washington	State DC Zip Code 20515-0001	
Purpose of Disbursement Political Gifts Expense	Category/Type 006	<b>Transaction ID : B-S-543</b>  <b>[MEMO ITEM]</b> Subitemization of Justin Gibbs(01/10/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Justin Gibbs</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 1600 S Eads Street Apt. 525S		Amount of Each Disbursement this Period 61.8
City Arlington	State VA Zip Code 22202-2943	
Purpose of Disbursement Food Expense Reimbursement	Category/Type 007	<b>Transaction ID : B-E-36188</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Josh Haynes</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 2925 Alta Cuesta Drive		Amount of Each Disbursement this Period 51.86
City Cape Girardeau	State MO Zip Code 63701-1903	
Purpose of Disbursement Food Expense Reimbursement	Category/Type 002	<b>Transaction ID : B-E-36189</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.66
<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 102 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Josh Haynes</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2925 Alta Cuesta Drive		Amount of Each Disbursement this Period 62.34 <b>Transaction ID : B-E-36296</b>
City Cape Girardeau	State MO	
Zip Code 63701-1903	Purpose of Disbursement Fuel Expense Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Leslie Herbst</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 444 Windwood Lake Drive		Amount of Each Disbursement this Period 205.2 <b>Transaction ID : B-E-36057</b>
City Cape Girardeau	State MO	
Zip Code 63701-9587	Purpose of Disbursement Lodging Expense Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Leslie Herbst</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 444 Windwood Lake Drive		Amount of Each Disbursement this Period 72.12 <b>Transaction ID : B-E-36198</b>
City Cape Girardeau	State MO	
Zip Code 63701-9587	Purpose of Disbursement Floral Arrangement Expense Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	339.66
<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 103 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Leslie Herbst</b>			Date of Disbursement MM / DD / YYYY 03 / 24 / 2014	
Mailing Address 444 Windwood Lake Drive			Amount of Each Disbursement this Period 115	
City Cape Girardeau	State MO	Zip Code 63701-9587	Transaction ID : B-E-36299	
Purpose of Disbursement Beverage Expense Reimbursement		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Amy Huber</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2014	
Mailing Address 1705 Pcr 206			Amount of Each Disbursement this Period 118.25	
City Perryville	State MO	Zip Code 63775-8871	Transaction ID : B-E-36027	
Purpose of Disbursement Mileage Expense		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Amy Huber</b>			Date of Disbursement MM / DD / YYYY 03 / 28 / 2014	
Mailing Address 1705 Pcr 206			Amount of Each Disbursement this Period 88	
City Perryville	State MO	Zip Code 63775-8871	Transaction ID : B-E-36323	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	321.25
<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 104 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kristi J King</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2014	
Mailing Address 868 Bella Vista Drive			Amount of Each Disbursement this Period 147	
City Jackson	State MO	Zip Code 63755-7807	Transaction ID : B-E-36033	
Purpose of Disbursement Office Equipment and Supplies Expense		Category/ Type 001	Original vendors exceeding reporting threshold itemized as memo transactions.	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Kristi J King</b>			Date of Disbursement MM / DD / YYYY 02 / 21 / 2014	
Mailing Address 868 Bella Vista Drive			Amount of Each Disbursement this Period 161.84	
City Jackson	State MO	Zip Code 63755-7807	Transaction ID : B-E-36224	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Kristi J King</b>			Date of Disbursement MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 868 Bella Vista Drive			Amount of Each Disbursement this Period 134.74	
City Jackson	State MO	Zip Code 63755-7807	Transaction ID : B-E-36239	
Purpose of Disbursement Mileage Expense Reimbursement		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	443.58
<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 105 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kristi J King</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 868 Bella Vista Drive		Amount of Each Disbursement this Period 17 <b>Transaction ID : B-E-36297</b>
City Jackson	State MO	
Zip Code 63755-7807	Purpose of Disbursement Mileage Expense Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Matthew Phillips</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 162 County Road 4221		Amount of Each Disbursement this Period 145.15 <b>Transaction ID : B-E-36056</b>
City Poplar Bluff	State MO	
Zip Code 63901-8053	Purpose of Disbursement Lodging Expense Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Matthew Phillips</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 162 County Road 4221		Amount of Each Disbursement this Period 117.78 <b>Transaction ID : B-E-36233</b>
City Poplar Bluff	State MO	
Zip Code 63901-8053	Purpose of Disbursement Parade Candy Reimbursement	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.93
<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 106 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Phillips</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 162 County Road 4221			Amount of Each Disbursement this Period 166.88	
City Poplar Bluff	State MO	Zip Code 63901-8053	Transaction ID : B-E-36235	
Purpose of Disbursement Mileage Expense Reimbursement		002 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Matthew Phillips</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 162 County Road 4221			Amount of Each Disbursement this Period 194.44	
City Poplar Bluff	State MO	Zip Code 63901-8053	Transaction ID : B-E-36261	
Purpose of Disbursement Mileage and Expense Reimbursement		002 Category/ Type		
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)		Original vendors exceeding reporting threshold itemized as memo transactions.	
State: District:				

Full Name (Last, First, Middle Initial) <b>c. WalMart-Poplar Bluff</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 333 S Westwood Boulevard			Amount of Each Disbursement this Period 20.14	
City Poplar Bluff	State MO	Zip Code 63901-5519	Transaction ID : B-S-660	
Purpose of Disbursement Campaign Supplies		001 Category/ Type		
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)		[MEMO ITEM] Subitemization of Matthew Phillips(03/17/14)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	361.32
<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 107 OF 112	
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Break Time</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 420 Norht Main		Amount of Each Disbursement this Period 6.3
City Sikeston	State MO Zip Code 63801	
Purpose of Disbursement Food and Beverage Expense	Category/Type 002	<b>Transaction ID : B-S-661</b>  <b>[MEMO ITEM]</b> Subitemization of Matthew Phillips(03/17/14)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jenni Riegel</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2014
Mailing Address 513 Ashley Drive		Amount of Each Disbursement this Period 192.19
City Rolla	State MO Zip Code 65401-8099	
Purpose of Disbursement Lodging Expense Reimbursement	Category/Type 002	<b>Transaction ID : B-E-36120</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jenni Riegel</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 513 Ashley Drive		Amount of Each Disbursement this Period 95.47
City Rolla	State MO Zip Code 65401-8099	
Purpose of Disbursement Food and Mileage Expense Reimbursement	Category/Type 002	<b>Transaction ID : B-E-36191</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	287.66
<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 108 OF 112			
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phelps County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 621 Salem Avenue C O Mindy Hines		Amount of Each Disbursement this Period 60
City Rolla State MO Zip Code 65401-3410	Purpose of Disbursement Event Tickets 007 Category/Type	
Candidate Name		Transaction ID : B-S-617  [MEMO ITEM] Subitemization of Jenni Riegel(02/24/14)
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)	

Full Name (Last, First, Middle Initial) <b>B. Cassie Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 409 Moss Lane		Amount of Each Disbursement this Period 37.5
City Farmington State MO Zip Code 63640-7807	Purpose of Disbursement Contituent Flag Expense Reimbursement 006 Category/Type	
Candidate Name		Transaction ID : B-E-36286
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)	

Full Name (Last, First, Middle Initial) <b>c. Debbie Westrich</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 157 County Highway 223		Amount of Each Disbursement this Period 60
City Chaffee State MO Zip Code 63740-9149	Purpose of Disbursement Cleaning Service Expense 001 Category/Type	
Candidate Name		Transaction ID : B-E-36052
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	97.50
<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 109 OF 112		
	<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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Debbie Westrich</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 157 County Highway 223		Amount of Each Disbursement this Period 60 <b>Transaction ID : B-E-36133</b>
City Chaffee State MO Zip Code 63740-9149	Purpose of Disbursement Cleaning Service Expense Candidate Name Category/Type 001	
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)	

Full Name (Last, First, Middle Initial) <b>B. Debbie Westrich</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 157 County Highway 223		Amount of Each Disbursement this Period 60 <b>Transaction ID : B-E-36223</b>
City Chaffee State MO Zip Code 63740-9149	Purpose of Disbursement Cleaning Service Expense Candidate Name Category/Type 001	
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)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	108644.79

**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 110 OF 112			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bruce Williams</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 2000 Progress Drive		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-36231</b>
City Farmington State MO Zip Code 63640-9158	Purpose of Disbursement The 9/6/2013 contribution check was written from US Tool, we believed it was a sole proprietorship Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bruce Williams</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 2000 Progress Drive		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-36232</b>
City Farmington State MO Zip Code 63640-9158	Purpose of Disbursement The original 9/6/2013 contribution check was written from US Tool, we believed it was a sole proprie Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**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 111 OF 112	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Boy Scouts of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2014</b>
Mailing Address 3000 Gordonville Road		Amount of Each Disbursement this Period <b>2500</b> Transaction ID : B-E-36262
City State Zip Code Cape Girardeau MO 63703-5008	Purpose of Disbursement Event Sponsorship Expense	
Candidate Name	Category/Type <b>012</b>	
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. Friends Of David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 23 / 2014</b>
Mailing Address PO Box 1158		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : B-E-36108
City State Zip Code Indian Rocks Beach FL 33785-1158	Purpose of Disbursement Special Election Contribution	
Candidate Name <b>Friends Of David Jolly</b>	Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mullin for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2014</b>
Mailing Address RR 1 Box 8255		Amount of Each Disbursement this Period <b>2000</b> Transaction ID : B-E-36390
City State Zip Code Westville OK 74965-9711	Purpose of Disbursement Campaign Contribution	
Candidate Name	Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5500.00</b>
<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 112 OF 112	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Jason Smith for Congress**

Full Name (Last, First, Middle Initial) <b>A. Riverways Pregnancy Resource Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2014</b>
Mailing Address PO Box 253		Amount of Each Disbursement this Period <b>250</b>
City <b>Salem</b>	State <b>MO</b>	
Zip Code <b>65560-0253</b>		<b>Transaction ID : B-E-36245</b>
Purpose of Disbursement <b>Banquet Sponsorship Expense</b>		
Candidate Name		Category/ Type <b>012</b>
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5750.00</b>