



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	47096.03	479981.61
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	47096.03	479981.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	190037.00	382677.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	31.94	2155.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	190005.06	380522.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	226220.31	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">14296.64</div> (ii) Unitemized <div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">18499.39</div> (iii) Total of contributions from individuals <div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">32796.03</div>	<div style="border: 1px solid black; width: 150px; margin: 0 auto; padding: 2px;"> <input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> </div> (date of general election)	<div style="border: 1px solid black; width: 150px; margin: 0 auto; padding: 2px;"> <input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> </div> (date after general election)  through <div style="border: 1px solid black; width: 150px; margin: 0 auto; padding: 2px;"> <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> </div> (last day of reporting period)
(b) Political Party Committees <div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">500.00</div>	<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">2150.00</div>	<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">0.00</div>
(c) Other Political Committees <div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">13800.00</div>	<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">189738.00</div>	<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">50.00</div>
<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">288093.61</div>	<div style="border: 1px solid black; width: 150px; float: right; text-align: right; padding: 2px;">4301.39</div>	

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
47096.03	479981.61	4351.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
31.94	2155.80	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
212.85	5267.83	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
47340.82	487405.24	4351.39

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Write or Type Committe Name

Committee To Reelect Congressman Chris Smith

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
190037.00	382677.83	23042.93
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
-------------------------------	---	--------------------------	--

(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

4010.00	101387.06	10.00
---------	-----------	-------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

194047.00	484064.89	23052.93
-----------	-----------	----------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

47096.03	479981.61	4351.39
----------	-----------	---------

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

190005.06	380522.03	23042.93
-----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	372926.49
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	47340.82
25. SUBTOTAL(add Line 23 and Line 24) .....	420267.31
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	194047.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	226220.31

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 67</span>	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Womens GOP Club of Mantoloking-Bay Head

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

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

Transaction ID: 61020.C28335

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. American Health Care Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1201 L Street, N.W.		Transaction ID: 61103.C28469
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1201 L Street, N.W.		Transaction ID: 61103.C28468
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Bldg. &amp; Constr. Trades Dept. Fed. PEF</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 815 16th Street, N.W. Suite 600		Transaction ID: 61104.C28518
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Bldg. & Constr. Trades Dept. Fed. PEF

Mailing Address 815 16th Street, N.W.  
Suite 600

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2006

Transaction ID: 61104.C28517

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Electrical Construction PAC

Mailing Address 3 Bethesda Metro Center

City Bethesda State MD Zip Code 20814-5372

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: 61028.C28402

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
International Union of Operating Engineers

Mailing Address 1125 Seventeenth Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61103.C28488

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) NJ Republican Pro Life Coalition - Federal Mailing Address 37 Elm Street, Suite 16 City State Zip Code Westfield NJ 07090 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ 50.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61113.C28884 Amount of Each Receipt this Period 50.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	2	/	2	0	0	6													

<b>B.</b> Full Name (Last, First, Middle Initial) RFA PAC Mailing Address Recreational Fishing Alliance PO Box 3080, Route 9 City State Zip Code New Gretna NJ 08224 FEC ID number of contributing federal political committee. <b>C</b> C00363812 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61111.C28844 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	6													

<b>C.</b> Full Name (Last, First, Middle Initial) Unite Here TIP Campaign Committee Mailing Address 275 7th Avenue City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61028.C28401 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	7	/	2	0	0	6													

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
United Food & Commercial WorkersCOPE

Mailing Address 1775 K Street, N.W.

City State Zip Code  
Washington DC 20061

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28760

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
White Castle PAC

Mailing Address 555 W. Goodale Street

City State Zip Code  
Columbus OH 43215

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 6

Transaction ID: 61023.C28345

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13800.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Azzolina		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 6 Borden Rd.		Transaction ID: 61107.C28648	
City State Zip Code Middletown NJ 07748		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Food Circus SuperMkt President self			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ralph Baron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 51 Cottage Lane, East		Transaction ID: 61104.C28599	
City State Zip Code Columbus NJ 08022		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ken Becker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 509 Beaumont Circle		Transaction ID: 61107.C28647	
City State Zip Code West Chester PA 19380		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Catholic Health East Vice President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

<b>A.</b> Full Name (Last, First, Middle Initial) Simon Belli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 14 Sunset Rd.		<b>Transaction ID:</b> 61107.C28757	
City State Zip Code Trenton NJ 08648-2712		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) William Michael Campbell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 369 West Farms Road		<b>Transaction ID:</b> 61104.C28491	
City State Zip Code Farmingdale NJ 07727		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Architect Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Malcolm Carton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1 Shell Road		<b>Transaction ID:</b> 61107.C28758	
City State Zip Code Neptune NJ 07753		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Carton & Faccione Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) <b>A. Grace Clancy</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 32 Mansfield Drive		Transaction ID: 61116.C28964	
City State Zip Code Brick NJ 08724		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Occupation Information Requested Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Margaret Cleary</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 1049 Route 27		Transaction ID: 61104.C28527	
City State Zip Code Somerset NJ 08873-5014		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Information Requested Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Czillich</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 134 Homestead Avenue		Transaction ID: 61104.C28536	
City State Zip Code Hamilton NJ 08610		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Information Requested Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
William Ecks

Mailing Address 1203 Genesee Street

City State Zip Code  
Trenton NJ 08610-6202

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) Primary 2008

Election Cycle-to-Date **100.00**

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2006

Transaction ID: 61113.C28888

Amount of Each Receipt this Period  
**100.00**

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

**B.** Full Name (Last, First, Middle Initial)  
Herbert Fischer

Mailing Address 50 Pulaski Road

City State Zip Code  
Whitehouse Station NJ 08889-3519

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

Name of Employer Information Requested Occupation Requested

Receipt For: 2006  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2006

Transaction ID: 61104.C28515

Amount of Each Receipt this Period  
**500.00**

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

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

Mailing Address 14 Jaywood Manor Drive

City State Zip Code  
Brick NJ 08724

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2006

Transaction ID: 61107.C28645

Amount of Each Receipt this Period  
**250.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Jane Furlong

Mailing Address 495-C Thornbury Court

City State Zip Code  
Lakewood NJ 08701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61107.C28640

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Glass

Mailing Address 1806 Riverside Dr.

City State Zip Code  
Trenton NJ 08618

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C28497

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 4 Orchard Drive

City State Zip Code  
Cream Ridge NJ 08514

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61101.C28427

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Robert Goodman

Mailing Address 473 Winthrop Road

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Columbia University Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2006

**Transaction ID:** 61104.C28516

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Angela Haverly

Mailing Address 24 Mosswood Trail

City State Zip Code  
Denville NJ 07834

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

**Transaction ID:** 61028.C28396

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 24 Mosswood Trail

City State Zip Code  
Denville NJ 07834

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

**Transaction ID:** 61107.C28813

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Kevin Higgins

Mailing Address 100 Van Doren Avenue

City State Zip Code  
Chatham NJ 07928

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

Name of Employer Occupation  
Swiss RE Financial Services

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61107.C28643

Amount of Each Receipt this Period  
125.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Hrize

Mailing Address 16 Willowwood Court

City State Zip Code  
Columbus NJ 08022-1025

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61107.C28646

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address 6531 5 Mile Point Road

City State Zip Code  
Allouez MI 49805-6966

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

Name of Employer Occupation  
St.ClaireMedCtr Physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28752

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

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

Mailing Address 1112 Magnolia Avenue

City State Zip Code  
Sea Girt NJ 08750

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Primary 2008

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

**Transaction ID:** 61116.C28968

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bunny Kniesler

Mailing Address 172 Ellisdale Road

City State Zip Code  
Allentown NJ 08501

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61104.C28577

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 555 Allentown Road

City State Zip Code  
Yardville NJ 08620

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

Name of Employer Information Requested Occupation Information Requested

Diocese of Trenton - St. Vince  
Roman Catholic Priest

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61104.C28508

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
John F. Leonard, Jr.

Mailing Address 1020 Elston Drive

City State Zip Code  
Mountainside NJ 07092

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

Name of Employer Occupation  
NYC Council Carpenters Accountant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61107.C28637

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 2537 Morningstar Road

City State Zip Code  
Manasquan NJ 08736

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

Name of Employer Occupation  
Information Requested Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61103.C28454

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 1515 N. Courthouse Road  
Room 500

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Verizon Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1421.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61102.C28449

Amount of Each Receipt this Period  
1421.64

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1546.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Verizon Communications PAC

Mailing Address Good Government Club  
1

City Philadelphia State PA Zip Code 19103

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 2421.64

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2006

Transaction ID: CM60361102.C28449

Amount of Each Receipt this Period  
1421.64

Memo - Conduit memo total  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Earmarked Memo - Conduit total

**B.** Full Name (Last, First, Middle Initial)  
Chris Lupia

Mailing Address 32 Beaver Dam Road

City Colts Neck State NJ Zip Code 07722

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 850.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2006

Transaction ID: 61104.C28506

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 57 Englewood Boulevard

City Trenton State NJ Zip Code 08610-1029

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 61101.C28413

Amount of Each Receipt this Period  
50.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Ralph Mastrangelo

Mailing Address 57 Englewood Boulevard

City State Zip Code  
Trenton NJ 08610-1029

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28751

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
William McCarthy

Mailing Address 46 Cranbury Road

City State Zip Code  
Princeton Junction NJ 08550

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61107.C28815

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 256 Hillary Lane

City State Zip Code  
Penfield NY 14526

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28743

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Dorothy McDougall

Mailing Address 28 Michigan Avenue

City Whiting State NJ Zip Code 08759

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 61107.C28808

Amount of Each Receipt this Period  
 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
John McGrath

Mailing Address 905 Tudor Drive

City Toms River State NJ Zip Code 08753-7903

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Primary 2008

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 2 / 2 0 0 6

Transaction ID: 61113.C28886

Amount of Each Receipt this Period  
 100.00

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

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

Mailing Address 3306 S. 6th St Road

City Springfield State IL Zip Code 62703-4735

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 61107.C28806

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) <b>A. Michael McIntyre</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 2592 Collier Road		<b>Transaction ID: 61104.C28499</b>	
City State Zip Code Manasquan NJ 08736-2235		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Eileen Meagher</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 2 Alyce Court		<b>Transaction ID: 61104.C28542</b>	
City State Zip Code Trenton NJ 08648		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Louis Natale, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 4 Bedford Dr.		<b>Transaction ID: 61104.C28514</b>	
City State Zip Code Trenton NJ 08628		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ritchie & Page Dist. Co., Inc. Occupation President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Harry Paalberg, Jr.

Mailing Address 1547 Logan Drive

City State Zip Code  
Manasquan NJ 08736-2507

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

Name of Employer Occupation  
Boeing Co. Engineer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61020.C28333

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harry Paalberg, Jr.

Mailing Address 1547 Logan Drive

City State Zip Code  
Manasquan NJ 08736-2507

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

Name of Employer Occupation  
Boeing Co. Engineer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61107.C28814

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 237 S. 18th Street

City State Zip Code  
Philadelphia PA 19103

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

Name of Employer Occupation  
American Financial Realty Trus Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: 61024.C28374

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1175.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Peter Power

Mailing Address 16 Windward Way

City State Zip Code  
Red Bank NJ 07701

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

Name of Employer Information Requested Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2006

Transaction ID: 61107.C28635

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jack Rafferty

Mailing Address 7 Bernath Drive West

City State Zip Code  
Trenton NJ 08690

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

Name of Employer Information Requested Occupation  
Schoor DePalma Engineers Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 61103.C28467

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 222 Bartley Road

City State Zip Code  
Jackson NJ 08527

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

Name of Employer Information Requested Occupation  
Self Broker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2006

Transaction ID: 61107.C28655

Amount of Each Receipt this Period  
25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 67
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Zeev Rothschild

Mailing Address 231 Main Street

City State Zip Code  
Lakewood NJ 08701

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

Name of Employer Occupation  
Vaad LHapzolas Rabbi

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61101.C28416

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Ed Ryan

Mailing Address 22 Buckingham Drive N.

City State Zip Code  
Manchester NJ 08759

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Primary 2008

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 61116.C28967

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 141 Monterey Drive

City State Zip Code  
Brick NJ 08723-4492

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

Name of Employer Occupation  
Information Requested Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28742

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Edward Schauer

Mailing Address 53 Main Street

City Farmingdale State NJ Zip Code 07727

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: 61104.C28543

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Shalhoub

Mailing Address 9325 Sibelius Dr.

City Vienna State VA Zip Code 22180

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

Name of Employer Veterans Affairs Occupation retired Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Transaction ID: 61107.C28694

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 136 Rumson Road

City Rumson State NJ Zip Code 07760

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

Name of Employer Information Requested Occupation Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61107.C28756

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

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

Mailing Address 2116 Kratz Station Road

City State Zip Code  
Harleysville PA 19438

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

Name of Employer Prudential Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61111.C28843

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Duncan Thecker

Mailing Address P.O. Box 97  
56 Hominy Hill Road

City State Zip Code  
Colts Neck NJ 07722

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

Name of Employer Self Occupation Businessman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61102.C28446

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 17 Cathedral Avenue

City State Zip Code  
Florham Park NJ 07932

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61028.C28398

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Evelyn Turago

Mailing Address 2109 Miller Road

City State Zip Code  
Point Pleasant NJ 08742-3746

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** 61104.C28539

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eugene Vater

Mailing Address 250 Grant Avenue, B23

City State Zip Code  
Lyndhurst NJ 07071

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

Name of Employer Schering-Plough Research Insti Occupation Chemist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61102.C28444

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 4 North 32nd Avenue

City State Zip Code  
Longport NJ 08403-1524

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

Name of Employer Medimmune, Inc. Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

**Transaction ID:** 61107.C28644

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Mike Warner

Mailing Address 7 Bridle Path

City State Zip Code  
Vincetown NJ 08088

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2006

**Transaction ID:** 61107.C28759

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Weir

Mailing Address 85 Park Edge

City State Zip Code  
Berkeley Heights NJ 07922

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

**Transaction ID:** 61111.C28840

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 39 Oak Street

City State Zip Code  
Robbinsville NJ 08691-1708

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2006

**Transaction ID:** 61107.C28636

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 67	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thaddeus Zuber

Mailing Address 60 Home Avenue, #35

City Rutherford State NJ Zip Code 07070-1762

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

Name of Employer Retired Occupation Retired Priest

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

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

Transaction ID: 61107.C28746

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14296.64



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" 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)  
Committee To Reelect Congressman Chris Smith

**A.** Full Name (Last, First, Middle Initial)  
Roma Federal Savings Bank

Mailing Address 2300 Route 33

City Robbinsville State NJ Zip Code 08691-1411

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4661.92

Date of Receipt  

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

Transaction ID: 61113.C28948

Amount of Each Receipt this Period  
212.85

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	212.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	212.85

**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 34 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Monmouth County Republican Comm</b>		<b>Transaction ID:</b> 61023.E3274 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 808 16 W. Main Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Freehold State NJ Zip Code 07728-	Category/ Type	
Purpose of Disbursement CONTRIBUTION	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>B. William McClintock Associates</b>		<b>Transaction ID:</b> 61028.E3279 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1583 E. Second Street		Amount of Each Disbursement this Period 1501.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scotch Plains State NJ Zip Code 07076-	Category/ Type	
Purpose of Disbursement LABEL DATA	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LABEL DATA
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>C. William McClintock Associates</b>		<b>Transaction ID:</b> 61111.E3334 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6
Mailing Address 1583 E. Second Street		Amount of Each Disbursement this Period 558.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scotch Plains State NJ Zip Code 07076-	Category/ Type	
Purpose of Disbursement ROBO CALL LISTS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ROBO CALL LISTS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4059.99
<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 35 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. NJ101.5</b>		<b>Transaction ID:</b> 61020.E3262 <b>Date of Disbursement</b> 10 / 20 / 2006
Mailing Address 109 Walters Avenue		Amount of Each Disbursement this Period 25840.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Trenton State NJ Zip Code 08638-	Category/Type	
Purpose of Disbursement MEDIA-RADIO ADS Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA-RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Press Communications, LLC</b>		<b>Transaction ID:</b> 61020.E3266 <b>Date of Disbursement</b> 10 / 20 / 2006
Mailing Address 1329 Campus Parkway		Amount of Each Disbursement this Period 9880.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Neptune State NJ Zip Code 07753-	Category/Type	
Purpose of Disbursement MEDIA-RADIO ADS Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA-RADIO ADS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Copi-Rite, Inc.</b>		<b>Transaction ID:</b> 61126.E3356 <b>Date of Disbursement</b> 11 / 22 / 2006
Mailing Address 2251 Route 33		Amount of Each Disbursement this Period 957.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hamilton Square State NJ Zip Code 08690-	Category/Type	
Purpose of Disbursement OFFICE EQUIP RENTAL Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE EQUIP RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>36677.65</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 36 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Star News Group</b>		<b>Transaction ID: 61102.E3305</b> Date of Disbursement 11 / 01 / 2006
Mailing Address 13 Broad Street		Amount of Each Disbursement this Period 894.60
City Manasquan State NJ Zip Code 08736-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NEWSPAPER ADS	Candidate Name	NEWSPAPER ADS
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. Micro Media Publications</b>		<b>Transaction ID: 61102.E3310</b> Date of Disbursement 11 / 01 / 2006
Mailing Address 15 Union Avenue		Amount of Each Disbursement this Period 1144.00
City Lakehurst State NJ Zip Code 08733-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NEWSPAPER ADS	Candidate Name	NEWSPAPER ADS
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. Tait Recording Services, Inc.</b>		<b>Transaction ID: 61102.E3312</b> Date of Disbursement 11 / 01 / 2006
Mailing Address 1508 Pernel Court		Amount of Each Disbursement this Period 540.00
City Bowie State MD Zip Code 20716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADVERTISING EXPENSE	Candidate Name	RADIO ADVERTISING EXPENSE
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>2578.60</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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		<b>Transaction ID: 61022.E3271</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 1227.29	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES IMPOUNDED	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		<b>Transaction ID: 61022.E3272</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 30.17	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	WORKERS COMP INSURANCE	

Full Name (Last, First, Middle Initial) <b>C. Paychex, Inc.</b>		<b>Transaction ID: 61102.E3309</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 126.53	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PROFESSIONAL SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PROFESSIONAL SERVICES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1383.99
<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 38 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Transaction ID: 61102.E3321 Date of Disbursement 11 / 03 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 24.21	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement WORKERS COMP INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	WORKERS COMP INSURANCE	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Transaction ID: 61102.E3320 Date of Disbursement 11 / 03 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 1546.22	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES IMPOUNDED	

Full Name (Last, First, Middle Initial) <b>C. Paychex, Inc.</b>		Transaction ID: 61118.E3348 Date of Disbursement 11 / 17 / 2006	
Mailing Address PO Box 387		Amount of Each Disbursement this Period 1452.20	
City Marlton State NJ Zip Code 08053-0387	Purpose of Disbursement PAYROLL TAXES IMPOUNDED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES IMPOUNDED	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3022.63</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 39 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		<b>Transaction ID: 61118.E3349</b> Date of Disbursement 11 / 17 / 2006
Mailing Address PO Box 387		Amount of Each Disbursement this Period 23.46
City Marlton State NJ Zip Code 08053-0387	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WORKERS COMP INSURANCE	Candidate Name	WORKERS COMP INSURANCE
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. ABCO Printing</b>		<b>Transaction ID: 61111.E3328</b> Date of Disbursement 11 / 03 / 2006
Mailing Address 115 North Gold Drive		Amount of Each Disbursement this Period 41039.40
City Trenton State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DISTRICT MAILING	Candidate Name	DISTRICT MAILING
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. ABCO Printing</b>		<b>Transaction ID: 61111.E3333</b> Date of Disbursement 11 / 11 / 2006
Mailing Address 115 North Gold Drive		Amount of Each Disbursement this Period 3413.30
City Trenton State NJ Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
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>44476.16</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 40 / 67

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

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

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

<b>A. Burlington County Times</b> Full Name (Last, First, Middle Initial) Mailing Address 4284 Route 130 City Willingboro State NJ Zip Code 08046- Purpose of Disbursement NEWSPAPER ADS 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>Transaction ID: 61111.E3327</b> Date of Disbursement 11 / 04 / 2006 Amount of Each Disbursement this Period 1325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEWSPAPER ADS
---	--	--

<b>B. Cablevision of Hamilton</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 371378 City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement CABLE TV/MODEMS 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>Transaction ID: 61111.E3335</b> Date of Disbursement 11 / 11 / 2006 Amount of Each Disbursement this Period 146.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE TV/MODEMS
---	--	---

<b>C. Chase Card Services</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 15153 City Wilmington State DE Zip Code 19886- Purpose of Disbursement CREDIT CARD: SEE BELOW 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>Transaction ID: 61028.E3281</b> Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 3394.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4865.64
<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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mastoris</b>		Transaction ID: 61028.E3283 Date of Disbursement 10 / 25 / 2006	
Mailing Address 144 Route 130		Amount of Each Disbursement this Period 2255.90	
City Bordentown State NJ Zip Code 08505-	Purpose of Disbursement EVENT CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: EVENT CATERING	

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Transaction ID: 61028.E3288 Date of Disbursement 10 / 25 / 2006	
Mailing Address 4558 Kenmore Avenue		Amount of Each Disbursement this Period 42.90	
City Alexandria State VA Zip Code 22304-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Sunoco Hamilton</b>		Transaction ID: 61028.E3287 Date of Disbursement 10 / 25 / 2006	
Mailing Address Kuser Road		Amount of Each Disbursement this Period 24.51	
City Hamilton State NJ Zip Code 08619-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. BJs Wholesale</b>		Transaction ID: 61028.E3282 Date of Disbursement 10 / 25 / 2006
Mailing Address Hamilton Market Fair Route 130 North		Amount of Each Disbursement this Period 40.00
City Hamilton	State NJ	
Zip Code 08691-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEMBERSHIP FEE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
MEMO: MEMBERSHIP FEE

Full Name (Last, First, Middle Initial) <b>B. Best Buy 578</b>		Transaction ID: 61028.E3295 Date of Disbursement 10 / 25 / 2006
Mailing Address US Highway 1 South		Amount of Each Disbursement this Period 128.36
City West Windsor	State NJ	
Zip Code 08550-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER PERIFERALS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
MEMO: COMPUTER PERIFERALS

Full Name (Last, First, Middle Initial) <b>C. Go Daddy Software, Inc.</b>		Transaction ID: 61028.E3285 Date of Disbursement 10 / 25 / 2006
Mailing Address 14455 N. Hayden Road, Ste. 226		Amount of Each Disbursement this Period 44.85
City Scottsdale	State AZ	
Zip Code 85260-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement WEB PAGE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**[MEMO ITEM]**  
MEMO: WEB PAGE

<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 43 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		Transaction ID: 61028.E3299 Date of Disbursement 10 / 25 / 2006	
Mailing Address 750 Hwy Route 130		Amount of Each Disbursement this Period 84.32	
City Trenton State NJ Zip Code 08691-	Purpose of Disbursement CAMPAIGN SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: CAMPAIGN SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Fedex Kinkos</b>		Transaction ID: 61028.E3293 Date of Disbursement 10 / 25 / 2006	
Mailing Address 33 Witherspoon Street		Amount of Each Disbursement this Period 395.58	
City Princeton State NJ Zip Code 08542-	Purpose of Disbursement COPIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: COPIES	

Full Name (Last, First, Middle Initial) <b>C. Shell Oil</b>		Transaction ID: 61028.E3286 Date of Disbursement 10 / 25 / 2006	
Mailing Address Route 33 West		Amount of Each Disbursement this Period 52.29	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____





# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobil 18</b>		Transaction ID: 61126.E3363 Date of Disbursement 11 / 22 / 2006
Mailing Address    Route 130 South		Amount of Each Disbursement this Period 139.83
City Robbinsville	State NJ	
Purpose of Disbursement TRAVEL EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL 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. Go Daddy Software, Inc.</b>		Transaction ID: 61126.E3376 Date of Disbursement 11 / 22 / 2006
Mailing Address    14455 N. Hayden Road, Ste. 226		Amount of Each Disbursement this Period 43.09
City Scottsdale	State AZ	
Purpose of Disbursement WEB PAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: WEB PAGE
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. Golden Dawn Diner</b>		Transaction ID: 61126.E3374 Date of Disbursement 11 / 22 / 2006
Mailing Address    Whitehorse-Mercerville Road		Amount of Each Disbursement this Period 27.33
City Mercerville	State NJ	
Purpose of Disbursement FOOD - STAFF		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD - STAFF
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 47 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		Transaction ID: 61126.E3367 Date of Disbursement 11 / 22 / 2006	
Mailing Address 750 Hwy Route 130		Amount of Each Disbursement this Period 323.35	
City Trenton State NJ Zip Code 08691-	Purpose of Disbursement CAMPAIGN SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: CAMPAIGN SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Fedex Kinkos</b>		Transaction ID: 61126.E3372 Date of Disbursement 11 / 22 / 2006	
Mailing Address 33 Witherspoon Street		Amount of Each Disbursement this Period 297.00	
City Princeton State NJ Zip Code 08542-	Purpose of Disbursement COPIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: COPIES	

Full Name (Last, First, Middle Initial) <b>C. Postmaster--MAIN Route 130</b>		Transaction ID: 61126.E3379 Date of Disbursement 11 / 22 / 2006	
Mailing Address Route 130 South		Amount of Each Disbursement this Period 390.00	
City Trenton State NJ Zip Code 08691-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>[MEMO ITEM]</b> MEMO: POSTAGE	

<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 48 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Transaction ID: 61126.E3365 Date of Disbursement 11 / 22 / 2006	
Mailing Address    Route 33 West		Amount of Each Disbursement this Period 84.71	
City Hamilton Square	State NJ	Zip Code 08690-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
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. Staples</b>		Transaction ID: 61126.E3364 Date of Disbursement 11 / 22 / 2006	
Mailing Address    Hamilton Square 670 North Route 33		Amount of Each Disbursement this Period 362.49	
City Hamilton	State NJ	Zip Code 08619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
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. Constance Carey</b>		Transaction ID: 61022.E3270 Date of Disbursement 10 / 20 / 2006	
Mailing Address    21 Devon Court		Amount of Each Disbursement this Period 821.03	
City Robbinsville	State NJ	Zip Code 08691-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
Purpose of Disbursement PAYROLL		Category/ Type	
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) ..... ▶	821.03
<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 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Constance Carey</b>		<b>Transaction ID:</b> 61102.E3316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 821.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Robbinsville State NJ Zip Code 08691-	Category/Type	
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
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. Constance Carey</b>		<b>Transaction ID:</b> 61118.E3344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 21 Devon Court		Amount of Each Disbursement this Period 827.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Robbinsville State NJ Zip Code 08691-	Category/Type	
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
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. Clarici Graphics</b>		<b>Transaction ID:</b> 61028.E3278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 88 Youngs Road		Amount of Each Disbursement this Period 1709.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mercerville State NJ Zip Code 08619-	Category/Type	
Purpose of Disbursement SIGNS Candidate Name		SIGNS
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>3358.68</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 50 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Clarici Graphics</b>		<b>Transaction ID: 61102.E3308</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 88 Youngs Road		Amount of Each Disbursement this Period 1326.80
City State Zip Code Mercerville NJ 08619-	Purpose of Disbursement SIGNS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SIGNS
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. Community News</b>		<b>Transaction ID: 61111.E3332</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6
Mailing Address 2 Princess Road, Suite 1G		Amount of Each Disbursement this Period 829.00
City State Zip Code Lawrenceville NJ 08648-	Purpose of Disbursement ADVERTISING	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING
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. Friends of Dotties House</b>		<b>Transaction ID: 61126.E3359</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1508 Beaver Dam Road, Ste. 1		Amount of Each Disbursement this Period 150.00
City State Zip Code Point Pleasant Bea NJ 08742-	Purpose of Disbursement AD JOURNAL	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  AD JOURNAL
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) ..... ▶	2305.80
<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 / 67

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

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

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

<p><b>A. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 371461</p>		<p><b>Transaction ID:</b> 61126.E3357 <b>Date of Disbursement</b> 11 / 22 / 2006</p>
<p>City Pittsburgh State PA Zip Code 15250-7461</p>	<p>Purpose of Disbursement COURIER</p>	<p>Amount of Each Disbursement this Period 376.95</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>COURIER</b></p>

<p><b>B. Ryan Goodwin</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 7 Dukoff Drive</p>		<p><b>Transaction ID:</b> 61020.E3259 <b>Date of Disbursement</b> 10 / 19 / 2006</p>
<p>City Hamilton Square State NJ Zip Code 08690-</p>	<p>Purpose of Disbursement PRESS CONF. CATERING</p>	<p>Amount of Each Disbursement this Period 88.88</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PRESS CONF. CATERING</b></p>

<p><b>C. Ryan Goodwin</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 7 Dukoff Drive</p>		<p><b>Transaction ID:</b> 61022.E3269 <b>Date of Disbursement</b> 10 / 20 / 2006</p>
<p>City Hamilton Square State NJ Zip Code 08690-</p>	<p>Purpose of Disbursement PAYROLL</p>	<p>Amount of Each Disbursement this Period 949.27</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1415.10</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Ryan Goodwin</b>		Transaction ID: 61102.E3306 Date of Disbursement 11 / 01 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 88.67	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement TRAVEL/PRESS CONF SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TRAVEL/PRESS CONF SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Ryan Goodwin</b>		Transaction ID: 61102.E3318 Date of Disbursement 11 / 03 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 949.27	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Ryan Goodwin</b>		Transaction ID: 61111.E3329 Date of Disbursement 11 / 07 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 78.31	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1116.25
<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 53 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Ryan Goodwin</b>		Transaction ID: 61118.E3346 Date of Disbursement 11 / 17 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 949.27	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. Ryan Goodwin</b>		Transaction ID: 61118.E3351 Date of Disbursement 11 / 17 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 89.82	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement COMPUTER SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type COMPUTER SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Ryan Goodwin</b>		Transaction ID: 61118.E3352 Date of Disbursement 11 / 18 / 2006	
Mailing Address 7 Dukoff Drive		Amount of Each Disbursement this Period 342.92	
City Hamilton Square State NJ Zip Code 08690-	Purpose of Disbursement CELL PHONE 1617	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type CELL PHONE 1617	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1382.01
<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 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Group Ventures Unlimited, LLC</b>		<b>Transaction ID:</b> 61111.E3337 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6
Mailing Address 3 Intervale Road, #B		Amount of Each Disbursement this Period 5686.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Trenton State NJ Zip Code 08620-	Purpose of Disbursement AUTOMATED PHONEBANK 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) ▼	AUTOMATED PHONEBANK

Full Name (Last, First, Middle Initial) <b>B. PR Promotions</b>		<b>Transaction ID:</b> 61028.E3280 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 34407		Amount of Each Disbursement this Period 371.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethesda State MD Zip Code 20827-	Purpose of Disbursement T-SHIRTS 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) ▼	T-SHIRTS

Full Name (Last, First, Middle Initial) <b>C. Horizon Sign Co.</b>		<b>Transaction ID:</b> 61126.E3355 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address PO Box 3394		Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mercerville State NJ Zip Code 08619-	Purpose of Disbursement SIGN 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) ▼	SIGN

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6583.07
<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 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. William Kenny, DMD</b>		Transaction ID: 61102.E3322 Date of Disbursement MM / DD / YYYY 11 / 01 / 2006	
Mailing Address 304 White Horse Road		Amount of Each Disbursement this Period 750.00	
City Hamilton State NJ Zip Code 08610-	Purpose of Disbursement HQ RENT Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		HQ RENT	

Full Name (Last, First, Middle Initial) <b>B. James King</b>		Transaction ID: 61022.E3268 Date of Disbursement MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 29 Fairway Court		Amount of Each Disbursement this Period 1040.65	
City Lawrenceville State NJ Zip Code 08648-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. James King</b>		Transaction ID: 61022.E3273 Date of Disbursement MM / DD / YYYY 10 / 22 / 2006	
Mailing Address 29 Fairway Court		Amount of Each Disbursement this Period 316.19	
City Lawrenceville State NJ Zip Code 08648-	Purpose of Disbursement SIGN EQUIPMENT Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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:		SIGN EQUIPMENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2106.84
<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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. James King</b>		Transaction ID: 61102.E3317 Date of Disbursement 11 / 03 / 2006	
Mailing Address 29 Fairway Court		Amount of Each Disbursement this Period 1040.65	
City Lawrenceville State NJ Zip Code 08648-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) <b>B. James King</b>		Transaction ID: 61118.E3350 Date of Disbursement 11 / 17 / 2006	
Mailing Address 29 Fairway Court		Amount of Each Disbursement this Period 59.88	
City Lawrenceville State NJ Zip Code 08648-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. James King</b>		Transaction ID: 61118.E3345 Date of Disbursement 11 / 17 / 2006	
Mailing Address 29 Fairway Court		Amount of Each Disbursement this Period 1040.65	
City Lawrenceville State NJ Zip Code 08648-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2141.18
<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)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) La Villa</p>		<p><b>Transaction ID:</b> 61115.E3341 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	4	/	2	0	0	6														
<p>Mailing Address 2275 Kuser Road</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		500.00																			
500.00																							
<p>City Trenton State NJ Zip Code 08690-</p>	<p>Purpose of Disbursement CATERING</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>CATERING</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Millenium Radio - WOBN</p>		<p><b>Transaction ID:</b> 61028.E3276 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	0	6														
<p>Mailing Address 1015 Route 9</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>12600.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		12600.00																			
12600.00																							
<p>City Bayville State NJ Zip Code 08721-</p>	<p>Purpose of Disbursement MEDIA-RADIO ADS</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>MEDIA-RADIO ADS</p>																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Minuteman Press</p>		<p><b>Transaction ID:</b> 61020.E3264 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	0	/	2	0	0	6														
<p>Mailing Address 2100 Nottingham Way</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1144.03</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                 </p>		1144.03																			
1144.03																							
<p>City Trenton State NJ Zip Code 08619-</p>	<p>Purpose of Disbursement PRINTING/MAILING</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>PRINTING/MAILING</p>																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>14244.03</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Amy Norris</b>		Transaction ID: 61020.E3263 Date of Disbursement 10 / 20 / 2006	
Mailing Address 211 W. Warren Avenue		Amount of Each Disbursement this Period 96.38	
City Sewell State NJ Zip Code 08080-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Amy Norris</b>		Transaction ID: 61022.E3267 Date of Disbursement 10 / 21 / 2006	
Mailing Address 211 W. Warren Avenue		Amount of Each Disbursement this Period 65.53	
City Sewell State NJ Zip Code 08080-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Amy Norris</b>		Transaction ID: 61102.E3313 Date of Disbursement 11 / 01 / 2006	
Mailing Address 211 W. Warren Avenue		Amount of Each Disbursement this Period 172.25	
City Sewell State NJ Zip Code 08080-	Purpose of Disbursement TRAVEL & VOL FOOD EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TRAVEL & VOL FOOD EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	334.16
<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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Amy Norris</b>		<b>Transaction ID: 61102.E3319</b>	
Mailing Address 211 W. Warren Avenue		Date of Disbursement 11 / 03 / 2006	
City Sewell	State NJ	Zip Code 08080-	Amount of Each Disbursement this Period 931.64
Purpose of Disbursement PAYROLL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		PAYROLL
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amy Norris</b>		<b>Transaction ID: 61111.E3330</b>	
Mailing Address 211 W. Warren Avenue		Date of Disbursement 11 / 07 / 2006	
City Sewell	State NJ	Zip Code 08080-	Amount of Each Disbursement this Period 272.15
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		TRAVEL EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Amy Norris</b>		<b>Transaction ID: 61118.E3347</b>	
Mailing Address 211 W. Warren Avenue		Date of Disbursement 11 / 17 / 2006	
City Sewell	State NJ	Zip Code 08080-	Amount of Each Disbursement this Period 759.89
Purpose of Disbursement PAYROLL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		PAYROLL
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1963.68</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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Roma Federal Savings Bank</b>		Transaction ID: 61113.E3339 Date of Disbursement 10 / 20 / 2006	
Mailing Address 2300 Route 33		Amount of Each Disbursement this Period 100.97	
City Robbinsville State NJ Zip Code 08691-1411	Purpose of Disbursement CHECKS & DEPOSIT TIX	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CHECKS & DEPOSIT TIX	

Full Name (Last, First, Middle Initial) <b>B. Roma Federal Savings Bank</b>		Transaction ID: 61126.E3360 Date of Disbursement 11 / 20 / 2006	
Mailing Address 2300 Route 33		Amount of Each Disbursement this Period 10.00	
City Robbinsville State NJ Zip Code 08691-1411	Purpose of Disbursement RETURNED CHECK FEE-VANSCIVER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	RETURNED CHECK FEE-VANSCIVER	

Full Name (Last, First, Middle Initial) <b>C. Christopher Smith</b>		Transaction ID: 61102.E3314 Date of Disbursement 10 / 19 / 2006	
Mailing Address P.O. Box 3184		Amount of Each Disbursement this Period 830.04	
City Trenton State NJ Zip Code 08619-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TRAVEL EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	941.01
<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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Smith</b>		<b>Transaction ID: 61102.E3315</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address P.O. Box 3184		Amount of Each Disbursement this Period 835.80	
City Trenton	State NJ	Zip Code 08619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		TRAVEL EXPENSE	
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. Christopher Smith</b>		<b>Transaction ID: 61115.E3340</b> Date of Disbursement 11 / 09 / 2006	
Mailing Address P.O. Box 3184		Amount of Each Disbursement this Period 621.21	
City Trenton	State NJ	Zip Code 08619-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	
Candidate Name		TRAVEL EXPENSE	
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. TREC Direct Mailing Services</b>		<b>Transaction ID: 61102.E3307</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address 808 Lowell Avenue		Amount of Each Disbursement this Period 3589.85	
City Toms River	State NJ	Zip Code 08753-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OCTOBER HOUSELIST MAILING		Category/ Type	
Candidate Name		OCTOBER HOUSELIST MAILING	
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>5046.86</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)

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

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

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

<p><b>A. Trenton Times</b></p> <p>Full Name (Last, First, Middle Initial) Trenton Times</p> <p>Mailing Address 500 Perry Street</p> <p>City Trenton State NJ Zip Code 08618-</p> <p>Purpose of Disbursement NEWSPAPER ADS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61103.E3323</p> <p>Date of Disbursement 11 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1090.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NEWSPAPER ADS</p>
--	--	---

<p><b>B. Trenton Times</b></p> <p>Full Name (Last, First, Middle Initial) Trenton Times</p> <p>Mailing Address 500 Perry Street</p> <p>City Trenton State NJ Zip Code 08618-</p> <p>Purpose of Disbursement NEWSPAPER ADS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61111.E3325</p> <p>Date of Disbursement 11 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 3145.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NEWSPAPER ADS</p>
--	--	---

<p><b>C. Trenton Times</b></p> <p>Full Name (Last, First, Middle Initial) Trenton Times</p> <p>Mailing Address 500 Perry Street</p> <p>City Trenton State NJ Zip Code 08618-</p> <p>Purpose of Disbursement NEWSPAPRE ADS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61111.E3324</p> <p>Date of Disbursement 11 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1545.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NEWSPAPRE ADS</p>
--	--	---

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>5781.52</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. The Trentonian</b>		Transaction ID: 61111.E3326 Date of Disbursement 11 / 04 / 2006
Mailing Address 600 Perry Street		Amount of Each Disbursement this Period 2285.96
City Trenton State NJ Zip Code 08602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NEWSPAPER ADS	Candidate Name	NEWSPAPER ADS
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. Trice Talent Services, Inc.</b>		Transaction ID: 61102.E3311 Date of Disbursement 11 / 01 / 2006
Mailing Address 905 West 7th Street, #342		Amount of Each Disbursement this Period 2096.00
City Frederick State MD Zip Code 21701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOICEOVER TALENT	Candidate Name	VOICEOVER TALENT
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. Verizon</b>		Transaction ID: 61111.E3336 Date of Disbursement 11 / 11 / 2006
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 264.04
City Trenton State NJ Zip Code 08650-4833	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE 7350	Candidate Name	PHONE 7350
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) ..... ▶	4646.00
<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 65 / 67

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 61115.E3342 Date of Disbursement 11 / 15 / 2006
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 97.72
City Trenton	State NJ	
Zip Code 08650-4833		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE 4755		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PHONE 4755	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 61113.E3338 Date of Disbursement 10 / 22 / 2006
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 126.87
City Baltimore	State MD	
Zip Code 21297-1464		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CELL 2782		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	CELL 2782	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 61115.E3343 Date of Disbursement 11 / 15 / 2006
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 66.73
City Baltimore	State MD	
Zip Code 21297-1464		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CELL 8984		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	CELL 8984	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	291.32
<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)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 61121.E3353 Date of Disbursement 11 / 21 / 2006	
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 293.71	
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement CELL 2782	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CELL 2782	

Full Name (Last, First, Middle Initial) <b>B. Greater Media - WJRZ</b>		Transaction ID: 61028.E3277 Date of Disbursement 10 / 25 / 2006	
Mailing Address 22 W. Waters St., PO Box 100		Amount of Each Disbursement this Period 3960.00	
City Toms River State NJ Zip Code 08754-	Purpose of Disbursement MEDIA-RADIO ADS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	MEDIA-RADIO ADS	

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

4253.71

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

190037.00

**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 67 / 67

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" 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)  
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) <b>A. Fitzpatrick For Congress</b>		<b>Transaction ID:</b> 61028.E3300 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 115 North Broad Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Doylestown State PA Zip Code 18901-	Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chabot For Congress</b>		<b>Transaction ID:</b> 61101.E3303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 3341 Harrison Avenue		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45211-	Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sacred Heart League</b>		<b>Transaction ID:</b> 61126.E3354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address Walls, Mississippi 38686-0001		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code 38686-	Category/Type	
Purpose of Disbursement MASS CARD Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4010.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	4010.00