

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Adrian Smith for Congress

ADDRESS (number and street) 3321 Avenue I

Suite 6

Check if different than previously reported. (ACC)

Scottsbluff NE 69361 4587

2. **FEC IDENTIFICATION NUMBER** C00412890

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NE 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lenora Gompert

Signature of Treasurer Electronically Filed by Lenora Gompert Date 10 11 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Adrian Smith for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	103019.54	736649.22
(b) Total Contribution Refunds (from Line 20(d)).....	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101019.54	734649.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	62511.01	476047.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	78.39	9613.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	62432.62	466433.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	361802.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Adrian Smith for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

41118.33

310323.70

(ii) Unitemized.....

10228.00

57295.42

(iii) TOTAL of contributions

51346.33

367619.12

from individuals..... ▶

0.00

2000.00

(b) Political Party Committees.....

51673.21

363830.10

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

0.00

3200.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

103019.54

736649.22

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

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

101.91

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

78.39

9613.67

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

121.39

824.32

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

103219.32

747189.12

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62511.01	476047.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2000.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS.....	0.00	474.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	64511.01	478522.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	323094.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	103219.32
25. SUBTOTAL (add Line 23 and Line 24).....	426313.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64511.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	361802.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 100
	(check only one)
<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"/>	<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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Duane Acklie	Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2008
	Mailing Address 2200 Woodsdale Boulevard	Transaction ID: A-C12825
	City Lincoln State NE Zip Code 68502-4948	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Crete Carrier Corp Occupation Transportation Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Carol Bangerter	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2008
	Mailing Address 2550 21st Street Office	Transaction ID: A-C12657
	City Gering State NE Zip Code 69341-1943	Amount of Each Receipt this Period 503.33
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Retired - Rancher/farmer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 736.66	

C.	Full Name (Last, First, Middle Initial) Ms. Carol Bangerter	Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2008
	Mailing Address 2550 21st Street Office	Transaction ID: A-C12658
	City Gering State NE Zip Code 69341-1943	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Retired - Rancher/farmer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 736.66	

SUBTOTAL of Receipts This Page (optional)	1883.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 100
	<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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Byron Barksdale

Mailing Address PO Box 1289

City North Platte State NE Zip Code 69103-1289

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

Name of Employer self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 515.00

Date of Receipt 08 / 18 / 2008

Transaction ID: A-C12726

Amount of Each Receipt this Period 15.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Brenda Benjamin

Mailing Address 223 W 28th Street

City Kearney State NE Zip Code 68845-4465

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

Name of Employer KLNy Occupation Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt 08 / 05 / 2008

Transaction ID: A-C12697

Amount of Each Receipt this Period 1300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Lloyd W. Benjamin

Mailing Address PO Box 1011

City Mccook State NE Zip Code 69001-1011

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

Name of Employer Self Occupation Civil Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2008

Transaction ID: A-C12899

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1415.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 100
	<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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Phyllis Bigbee		Date of Receipt
	Mailing Address 1936 Myers Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2008
	City	State	Zip Code
	Broken Bow	NE	68822-4214
	FEC ID number of contributing federal political committee.		Transaction ID: A-C12630
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Self		Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mr. Scot Blehm		Date of Receipt
	Mailing Address 7835 Red Oak Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Lincoln	NE	68516-6311
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13030
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Usda		Occupation Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mr. Gary Blinn		Date of Receipt
	Mailing Address PO Box 448		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Norfolk	NE	68702-0448
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13043
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer Norfolk Beverage Co.		Occupation Beer Distributor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 1050.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Dr. Todd W Boggs</p> <p>Mailing Address 2310 6th Avenue</p> <p>City State Zip Code Scottsbluff NE 69361-2154</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Chiropratic Concepts Chiropractor/insurance Agent</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8</p> <p>Transaction ID: A-C12773</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Brook M. Bowhay</p> <p>Mailing Address 1202 Meadowlark Drive</p> <p>City State Zip Code Scottsbluff NE 69361-4915</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Chiropractor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8</p> <p>Transaction ID: A-C12851</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Butch Brown</p> <p>Mailing Address 911 E 11th Street</p> <p>City State Zip Code Kearney NE 68847-7508</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brown Transfer CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8</p> <p>Transaction ID: A-C12968</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Della R Brown

Mailing Address 4182 S Sand Road

City State Zip Code
Hershey NE 69143-4379

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

Name of Employer Self Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2008

Transaction ID: A-C12951

Amount of Each Receipt this Period
50.00

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

225.00

B. Full Name (Last, First, Middle Initial)
Mrs. Julie Byre

Mailing Address 1916 W Ashley Circle

City State Zip Code
Sioux Falls SD 57104-4551

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

Name of Employer none Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2008

Transaction ID: A-C12618

Amount of Each Receipt this Period
1000.00

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

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Clarence Cafferty

Mailing Address PO Box 218

City State Zip Code
Long Pine NE 69217-0218

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

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2008

Transaction ID: A-C12978

Amount of Each Receipt this Period
200.00

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

450.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Debora Carpenter

Mailing Address 2522 S August Street

City State Zip Code
Grand Island NE 68801-7532

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fab Subs, Ltd. Exec. Asst.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	0	8

Transaction ID: A-C12852

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jack Chain

Mailing Address 521 Hillcrest Drive

City State Zip Code
Scottsbluff NE 69361-1423

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Chain Oil President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: A-C12663

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mayor Stanley Clouse

Mailing Address 4907 Linden Drive Place

City State Zip Code
Kearney NE 68847-8369

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NPPD Account Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	8

Transaction ID: A-C12676

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Raymond Conant

Mailing Address 5003 Osborne Drive W

City State Zip Code
Hastings NE 68901-9133

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

Name of Employer Occupation
Nebraska Urology Center Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
50.00

Transaction ID: A-C13018

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

B. Full Name (Last, First, Middle Initial)
Mrs. Jean Des Enfants

Mailing Address 1201 Meadowlark Drive

City State Zip Code
Scottsbluff NE 69361-4916

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

Name of Employer Occupation
none Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
25.00

Transaction ID: A-C12782

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

C. Full Name (Last, First, Middle Initial)
Mrs. Jean Des Enfants

Mailing Address 1201 Meadowlark Drive

City State Zip Code
Scottsbluff NE 69361-4916

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

Name of Employer Occupation
none Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
50.00

Transaction ID: A-C12963

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

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Larry Dinkel

Mailing Address 1904 N 17th Circle

City Norfolk State NE Zip Code 68701-2162

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

Name of Employer Dinkel Implement Co. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2008
Transaction ID: A-C13031
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Belle Edwards

Mailing Address PO Box 1032

City North Platte State NE Zip Code 69103-1032

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

Name of Employer Coldwell Banker Occupation Associate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 08 / 18 / 2008
Transaction ID: A-C12727
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Rosalie Elder

Mailing Address 801 W 24th Street

City Kearney State NE Zip Code 68845-4934

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 230.00

Date of Receipt 07 / 23 / 2008
Transaction ID: A-C12649
 Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ► **380.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Chet Fliesbach

Mailing Address 210087 Williams Drive

City State Zip Code
Scottsbluff NE 69361-5823

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

Name of Employer N.A. Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: A-C12755

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

B. Full Name (Last, First, Middle Initial)
Mrs. Lela Franklin

Mailing Address 1450 O Street

City State Zip Code
Gering NE 69341-2743

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

Name of Employer Tree House Interiors Occupation Retail Store Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: A-C12806

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

C. Full Name (Last, First, Middle Initial)
Mr. Terry Gautreaux

Mailing Address 703 S Chestnut Street

City State Zip Code
Friend NE 68359-1633

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

Name of Employer none Occupation Reitred

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: A-C13029

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Nathan Geisert

Mailing Address 550 Road East L S

City Ogallala State NE Zip Code 69153-5362

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: A-C12878

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

B. Full Name (Last, First, Middle Initial)
Mr. Jim George

Mailing Address 4203 7th Avenue

City Kearney State NE Zip Code 68845-1302

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

Name of Employer Platte Valley State Bank Occupation Senior VP and CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: A-C12648

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

C. Full Name (Last, First, Middle Initial)
Mr. Brian Hamilton

Mailing Address 3134 Brentwood Boulevard

City Grand Island State NE Zip Code 68801-7251

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

Name of Employer Midway Chevrolet Occupation Car Dealer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: A-C12665

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Joseph R. Hampton</p> <p>Mailing Address Hampton Enterprises, Inc. 1660 South 70th Street</p> <p>City Lincoln State NE Zip Code 68510</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hampton Enterprises Occupation Owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 600.00</p>	<p>Date of Receipt 09 / 22 / 2008</p> <p>Transaction ID: A-C12930</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mrs. Phyllis Hannappel</p> <p>Mailing Address PO Box 487</p> <p>City Cozad State NE Zip Code 69130-0487</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation Homemaker</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 205.00</p>	<p>Date of Receipt 07 / 17 / 2008</p> <p>Transaction ID: A-C12633</p> <p>Amount of Each Receipt this Period 70.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Senator Thomas F. Hansen</p> <p>Mailing Address 3782 W Foothill Road</p> <p>City North Platte State NE Zip Code 69101-9554</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hansen 77 Ranch Occupation Employee</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 18 / 2008</p> <p>Transaction ID: A-C12740</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	670.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Karen Hascall
Mailing Address 200398 Rolling Hills Road
City State Zip Code
Scottsbluff NE 69361-5526
FEC ID number of contributing federal political committee. **C**
Name of Employer State Farm Insurance Occupation Secretary
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00
Date of Receipt: 08 / 15 / 2008
Transaction ID: A-I13053
Amount of Each Receipt this Period: 10.00
Inkind: Dessert
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Karen Hascall
Mailing Address 200398 Rolling Hills Road
City State Zip Code
Scottsbluff NE 69361-5526
FEC ID number of contributing federal political committee. **C**
Name of Employer State Farm Insurance Occupation Secretary
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00
Date of Receipt: 09 / 30 / 2008
Transaction ID: A-I13052
Amount of Each Receipt this Period: 90.00
Inkind: Payroll Services
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph R. Hewgley
Mailing Address 702 S Bailey Avenue
City State Zip Code
North Platte NE 69101-5505
FEC ID number of contributing federal political committee. **C**
Name of Employer Joseph R Hewgley and Assoc. Occupation Architect
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
Date of Receipt: 08 / 18 / 2008
Transaction ID: A-C12745
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 350.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Travis Hiner

Mailing Address 1510 Mockingbird Drive

City State Zip Code
Scottsbluff NE 69361-4900

FEC ID number of contributing federal political committee. C

Name of Employer N.A. Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2008

Transaction ID: A-C12713

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. Todd Hlavaty

Mailing Address PO Box 1131

City State Zip Code
North Platte NE 69103-1131

FEC ID number of contributing federal political committee. C

Name of Employer Sandhills Oncology, PC Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2008

Transaction ID: A-C12735

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Ted P. Hoelck

Mailing Address PO Box 146

City State Zip Code
Grand Island NE 68802-0146

FEC ID number of contributing federal political committee. C

Name of Employer Hasting Grain Inspection, Inc Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2008

Transaction ID: A-C12830

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Brent Holliday</p> <p>Mailing Address 1225 Country Club Road</p> <p>City State Zip Code Gering NE 69341-1738</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nebraska Transport Co President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8</p> <p>Transaction ID: A-C12856</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. John Hoppe, Jr.</p> <p>Mailing Address PO Box 6074</p> <p>City State Zip Code Lincoln NE 68506-0074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hoppe, Inc Real Estate</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8</p> <p>Transaction ID: A-C12859</p> <p>Amount of Each Receipt this Period 40.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Jason Hornady</p> <p>Mailing Address PO Box 1848</p> <p>City State Zip Code Grand Island NE 68802-1848</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hornady Manufacturing Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8</p> <p>Transaction ID: A-C12623</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1540.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Steve Hornady

Mailing Address Hornady Manufacturing Co.
Box 1848

City State Zip Code
Grand Island NE 68802

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

Name of Employer Occupation
Hornady Manufacturing President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C13020

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Shirley Huss

Mailing Address 6110 W 30th Street

City State Zip Code
Kearney NE 68845-0303

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

Name of Employer Occupation
Homemaker none

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: A-C12696

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Sam Huston

Mailing Address 2008 Stolley Park Rd.

City State Zip Code
Grand Island NE 68801

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

Name of Employer Occupation
Self Sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: A-C12934

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **2600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial) Mr. Michael Jacobson		Date of Receipt MM / DD / YYYY 08 / 18 / 2008
Mailing Address 3020 W Leota Street		Transaction ID: A-C12730
City North Platte	State NE	Zip Code 69101-6395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NebraskaLand National Bank	Occupation President & CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00	

B.

Full Name (Last, First, Middle Initial) Mr. Charles E. Johnson		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
Mailing Address 915 Garfield Street		Transaction ID: A-C12953
City Holdrege	State NE	Zip Code 68949-1830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer none	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Mr. Howard L Jones		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 18601 Holdrege Street		Transaction ID: A-C12778
City Lincoln	State NE	Zip Code 68527-9491
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer State Farm Insurance	Occupation State Farm Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 265.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Howard L Jones</p> <p>Mailing Address 18601 Holdrege Street</p> <p>City State Zip Code Lincoln NE 68527-9491</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation State Farm Insurance State Farm Agent</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">265.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8</p> <p>Transaction ID: A-C12880</p> <p>Amount of Each Receipt this Period 140.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Barry Kennedy</p> <p>Mailing Address 2120 Wilderness Ridge Drive</p> <p>City State Zip Code Lincoln NE 68512-9290</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ne Chamber Of Commerce Association Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 8</p> <p>Transaction ID: A-C12876</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mr. Paul Kenney</p> <p>Mailing Address 10950 Elm Road</p> <p>City State Zip Code Kearney NE 68845-0676</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ethanol Farm Business Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8</p> <p>Transaction ID: A-C12654</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1640.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Dennis Koch

Mailing Address 1538 G Road

City Minden State NE Zip Code 68959-5713

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

Name of Employer Self Occupation Earthmoving

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2008

Transaction ID: A-C12954

Amount of Each Receipt this Period 50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Andy Laws

Mailing Address 190065 County Road 22

City Gering State NE Zip Code 69341-6701

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

Name of Employer Magnet Solutions Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2008

Transaction ID: A-C12719

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Bruce Lear

Mailing Address PO Box 430

City Kearney State NE Zip Code 68848-0430

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

Name of Employer Platte Valley State Bank Occupation Senior VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2008

Transaction ID: A-C12679

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Marc LeBaron

Mailing Address Lincoln Industries
600 West E Street

City Lincoln State NE Zip Code 68522

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

Name of Employer Lincoln Industries Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 09 / 09 / 2008
Transaction ID: A-C12853
Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Andrew Lee

Mailing Address 309 W 2nd Street

City North Platte State NE Zip Code 69101-3801

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

Name of Employer None Occupation College Student

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2008
Transaction ID: A-C13062
Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Max Linder

Mailing Address 2220 Woodsdale Boulevard

City Lincoln State NE Zip Code 68502-4948

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

Name of Employer Eye Surgical & Associates Occupation Opthamologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 09 / 10 / 2008
Transaction ID: A-C12860
Amount of Each Receipt this Period: 100.00

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

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)

Mr. Ron Lockard

Mailing Address PO Box 2828

City State Zip Code
Mckinney TX 75070-8177

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

Name of Employer Tag Occupation
Chairman/ceo

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C12827

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Patricia M. Lundeen

Mailing Address 524 D Road

City State Zip Code
Wilcox NE 68982-3013

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

Name of Employer Tag Occupation
Lundeen Inc. Feeders

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C12982

Amount of Each Receipt this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Marx

Mailing Address PO Box 440

City State Zip Code
Wappingers Falls NY 12590-0440

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

Name of Employer Tag Occupation
Self Insurance

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13003

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Martin Massengale
 Mailing Address 3436 Cape Charles Road W
 City Lincoln State NE Zip Code 68516-5446
 Date of Receipt 09 / 09 / 2008
 Transaction ID: A-C12858
 Amount of Each Receipt this Period 40.00
 FEC ID number of contributing federal political committee. C
 Name of Employer University Of Nebraska Occupation Educator
 Receipt For: 2008 Election Cycle-to-Date 415.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Martin Massengale
 Mailing Address 3436 Cape Charles Road W
 City Lincoln State NE Zip Code 68516-5446
 Date of Receipt 09 / 30 / 2008
 Transaction ID: A-C13034
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer University Of Nebraska Occupation Educator
 Receipt For: 2008 Election Cycle-to-Date 415.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. John Massey
 Mailing Address 90473 28th Avenue
 City Scottsbluff State NE Zip Code 69361-7411
 Date of Receipt 08 / 05 / 2008
 Transaction ID: A-C12687
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer J.G. Elliott Company Occupation President
 Receipt For: 2008 Election Cycle-to-Date 500.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 590.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Larry Matthesen

Mailing Address PO Box 454

City State Zip Code
Custer SD 57730-0454

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

Name of Employer
L & J Golden Circle Tours, Inc

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 22 / 2008

Transaction ID: A-C12904

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. Dan McClenahan

Mailing Address 3311 17th Avenue Place

City State Zip Code
Kearney NE 68845-2295

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

Name of Employer
Self

Occupation
Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: A-C12642

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. John C. McClure

Mailing Address 2329 Muirfield Place

City State Zip Code
Columbus NE 68601-1897

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

Name of Employer
Nebraska Public Power District

Occupation
Vice-President & General Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: A-C12728

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 100
	<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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Dr. James McClurg		Date of Receipt MM / DD / YYYY 09 / 10 / 2008
	Mailing Address 2030 Surfside Drive		Transaction ID: A-C12862
	City Lincoln	State NE	Zip Code 68528-1752
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer MDS Harris Labs	Occupation Businessman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 540.00		

B.	Full Name (Last, First, Middle Initial) Mr. Scott E Melbye		Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 2224 Lukewood Drive		Transaction ID: A-C12983
	City Chanhassen	State MN	Zip Code 55317-8425
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Cameco Inc.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Morrison		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 21 Village Drive		Transaction ID: A-C13040
	City Hastings	State NE	Zip Code 68901-2436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Morrison Enterprises	Occupation Business Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

SUBTOTAL of Receipts This Page (optional)	▶	2840.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Cinda Munoz
Mailing Address 3321 Avenue I
City State Zip Code
Scottsbluff NE 69361-4586
FEC ID number of contributing federal political committee. **C**
Name of Employer: Buyers Realty Occupation: Realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 08 / 05 / 2008
Transaction ID: A-C12703
Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Phil Nelson
Mailing Address 1001 12th Street
City State Zip Code
Aurora NE 68818-2004
FEC ID number of contributing federal political committee. **C**
Name of Employer: Nedelco, Inc. Occupation: Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 29 / 2008
Transaction ID: A-C13017
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Miriam Nikkila
Mailing Address 1501 8th Avenue
City State Zip Code
Kearney NE 68845-5817
FEC ID number of contributing federal political committee. **C**
Name of Employer: None Occupation: Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 09 / 17 / 2008
Transaction ID: A-C12971
Amount of Each Receipt this Period: 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1450.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Rev. Raymond Norris

Mailing Address PO Box 257

City Osceola State NE Zip Code 68651-0257

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

Name of Employer Center for Independent Living of Centr Occupation Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

Date of Receipt 07 / 17 / 2008
Transaction ID: A-C12641
 Amount of Each Receipt this Period 25.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Oconnor

Mailing Address 55 Pleasant Street

City Canton State MA Zip Code 02021-2231

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

Name of Employer Oconnor Construction Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2008
Transaction ID: A-C13015
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Hon. Donald Overman

Mailing Address 2201 7th Avenue

City Scottsbluff State NE Zip Code 69361-2109

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

Name of Employer Overman and Associates Occupation Insurance Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 405.00

Date of Receipt 08 / 29 / 2008
Transaction ID: A-C12804
 Amount of Each Receipt this Period 25.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Matt Pawloski

Mailing Address 216 W 42nd Street

City State Zip Code
Kearney NE 68845-8500

FEC ID number of contributing federal political committee. C

Name of Employer State Farm Occupation Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 09 / 30 / 2008

Transaction ID: A-C13060

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Phares

Mailing Address PO Box 986

City State Zip Code
North Platte NE 69103-0986

FEC ID number of contributing federal political committee. C

Name of Employer Phares Financial Services Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2008

Transaction ID: A-C12659

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Walter Radcliffe

Mailing Address 625 S 14th Street Suite 100

City State Zip Code
Lincoln NE 68508-2737

FEC ID number of contributing federal political committee. C

Name of Employer Radcliffe & Associates Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt 09 / 17 / 2008

Transaction ID: A-C12877

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Evelyn Raymond

Mailing Address 2835 Applewood Road

City Gering State NE Zip Code 69341-1533

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

Name of Employer n.a Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2008

Transaction ID: A-C12753

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Ms. Lucile Rickertsen

Mailing Address 803 11th Street

City Gothenburg State NE Zip Code 69138-2024

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

Name of Employer none Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2008

Transaction ID: A-C12909

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Barb Rishel

Mailing Address PO Box 1555

City North Platte State NE Zip Code 69103-1555

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2008

Transaction ID: A-C12854

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Bruce Rolls

Mailing Address 300153 Lakeside Drive

City State Zip Code
Minatare NE 69356-4429

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

Name of Employer Occupation
Western Trail Sports Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C12787

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Judith Rosenkotter

Mailing Address 3115 Goldenrod Drive

City State Zip Code
Grand Island NE 68801-8760

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C12921

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Anthony H. Ryan

Mailing Address PO Box 1051

City State Zip Code
White River Juncti VT 05001-1051

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

Name of Employer Occupation
none Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: A-C12637

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Kevin Sandberg

Mailing Address 140180 County Road 22

City State Zip Code
Gering NE 69341-6502

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

Name of Employer Occupation
Regannis Auto Sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 23 2008

Transaction ID: A-C12660

Amount of Each Receipt this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin Sandberg

Mailing Address 140180 County Road 22

City State Zip Code
Gering NE 69341-6502

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

Name of Employer Occupation
Regannis Auto Sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
08 20 2008

Transaction ID: A-C12754

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. David Schaff

Mailing Address 2209 6th Avenue

City State Zip Code
Scottsbluff NE 69361-2104

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

Name of Employer Occupation
M.C. Schaff Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 29 2008

Transaction ID: A-C12775

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 100
(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
							15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Jeff Scheinost

Mailing Address 70455 County Road 20

City State Zip Code
Scottsbluff NE 69361-5116

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

Name of Employer High Plains Budweiser Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: A-C12712

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Aaron M. Smith

Mailing Address 4200 S Louise Avenue Suite 101

City State Zip Code
Sioux Falls SD 57106-3123

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

Name of Employer Aaron Smith Insurance Agency Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: A-C12722

Amount of Each Receipt this Period
1500.00

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

C.

Full Name (Last, First, Middle Initial)
Dr. Todd Sorensen

Mailing Address 220453 E 42nd Street

City State Zip Code
Scottsbluff NE 69361-5727

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

Name of Employer Regional West Health Services Occupation Hospital Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: A-C12752

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. John Stinner

Mailing Address 2310 17th Street

City Gering State NE Zip Code 69341-2047

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

Name of Employer Valley Bank & Trust Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt 09 / 03 / 2008

Transaction ID: A-C12829

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Gary Straatmann

Mailing Address 5121 Catalpa Place

City Kearney State NE Zip Code 68845-9691

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

Name of Employer O'Brien-Straatmann Funeral H Occupation Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2008

Transaction ID: A-C12695

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Ms. Heather Swanson

Mailing Address 257 22 Road

City Wilcox State NE Zip Code 68982-3008

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

Name of Employer UNMC Occupation Nurse-Midwife, Educator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2008

Transaction ID: A-C12720

Amount of Each Receipt this Period 200.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel Thayer

Mailing Address 1425 N Webb Road

City State Zip Code
Grand Island NE 68803-2313

FEC ID number of contributing federal political committee. C

Name of Employer Thayer, P.C. Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: A-C13061

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Jan Thayer

Mailing Address 2307 Stagecoach Road

City State Zip Code
Grand Island NE 68801-7347

FEC ID number of contributing federal political committee. C

Name of Employer Riverside Lodge Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 29 / 2008

Transaction ID: A-C12822

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. David Thom

Mailing Address 5000 W Platte River Drive

City State Zip Code
Doniphan NE 68832-9790

FEC ID number of contributing federal political committee. C

Name of Employer T & L Irrigation Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt 08 / 29 / 2008

Transaction ID: A-C12770

Amount of Each Receipt this Period 350.00

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

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. James Thom

Mailing Address PO Box 1386

City State Zip Code
Hastings NE 68902-1386

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
T-L Irrigation VP of Finance

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: A-C12769

Amount of Each Receipt this Period
350.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. LeRoy Thom

Mailing Address PO Box 1047

City State Zip Code
Hastings NE 68902-1047

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
T-L Irrigation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: A-C12768

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Audrey Towater

Mailing Address 637 Valley View Drive

City State Zip Code
Scottsbluff NE 69361-1451

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Professional Artist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: A-C12688

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Audrey Towater

Mailing Address 637 Valley View Drive

City State Zip Code
Scottsbluff NE 69361-1451

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

Name of Employer Self Occupation
Professional Artist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
50.00

Transaction ID: A-C12964

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

B.

Full Name (Last, First, Middle Initial)
Mr. Gary M. Trego

Mailing Address 3221 W Leota Street

City State Zip Code
North Platte NE 69101-0322

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

Name of Employer Trego Dugan Aviation of Grand Island Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
30.00

Transaction ID: A-C12731

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

C.

Full Name (Last, First, Middle Initial)
Mr. Bob Unzicker

Mailing Address 1955 Unzicker Road

City State Zip Code
Gering NE 69341-6818

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

Name of Employer Self Occupation
Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
500.00

Transaction ID: A-C12749

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

SUBTOTAL of Receipts This Page (optional) ▶ **580.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial) Ms. Jolene Ward		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address RR 1		Transaction ID: A-C12646
City Kearney	State NE	Zip Code 68847-9801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Mr. John Watson		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 9140 Wildfire Road		Transaction ID: A-C12891
City Lincoln	State NE	Zip Code 68512-9385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Century Sales & Mgt. Co.	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 290.00	

C.

Full Name (Last, First, Middle Initial) Mr. Brett Weis		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 2001 Avenue A Suite A		Transaction ID: A-C12653
City Kearney	State NE	Zip Code 68847-5462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wade Corp.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. George Welch

Mailing Address 1102 W 12th Street

City State Zip Code
Hastings NE 68901-3856

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: A-C13021

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. John Welch

Mailing Address 303 W Lochland Road

City State Zip Code
Hastings NE 68901-2427

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

Name of Employer Occupation
Self Opthamologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: A-C13022

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Milton Whitehead

Mailing Address 2433 Woodscrest Avenue

City State Zip Code
Lincoln NE 68502-4054

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

Name of Employer Occupation
Whitehead Oil Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: A-C12950

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Dr. Mark L. Willats

Mailing Address 3027 12th Avenue

City State Zip Code
Scottsbluff NE 69361-4581

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

Name of Employer Self Occupation Podiatrist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2008

Transaction ID: A-C12843

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Barbara Wills

Mailing Address 1590 Park Terrace

City State Zip Code
Gering NE 69341-7114

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

Name of Employer Homemaker Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2008

Transaction ID: A-C12689

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. John Worthing

Mailing Address PO Box 323

City State Zip Code
Elm Creek NE 68836-0323

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

Name of Employer Nation Air Insurance Occupation Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2008

Transaction ID: A-C12647

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Birdeen Zier

Mailing Address 1540 Park Terrace

City State Zip Code
Gering NE 69341-7114

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

Name of Employer N.A. Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
365.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C12779

Amount of Each Receipt this Period
15.00

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

SUBTOTAL of Receipts This Page (optional)	▶	15.00
TOTAL This Period (last page this line number only)	▶	41118.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)

AGC Political Action Committee

Mailing Address 2300 Wilson Boulevard
Suite 400

City State Zip Code
Arlington VA 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2008

Transaction ID: A-C12702

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

AGRICULTURAL RETAILERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15th Street NW
Suite 302

City State Zip Code
Washington DC 20005-1745

FEC ID number of contributing federal political committee. **C** C00264770

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: A-C13050

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Aircraft Owners and Pilots Association PAC

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2008

Transaction ID: A-C12708

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 400W

City Washington State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 23 / 2008

Transaction ID: A-C12666

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
American Council of Engineering Companies (ACEC/PAC)

Mailing Address 1015 15th Street NW
Suite 802

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: MM / DD / YYYY
09 / 30 / 2008

Transaction ID: A-C12991

Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company Political Action Committee

Mailing Address 101 3rd Street N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY
09 / 22 / 2008

Transaction ID: A-C12929

Amount of Each Receipt this Period: 3000.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
American Gas Association PAC
Mailing Address 400 N Capitol Street NW
City Washington State DC Zip Code 20001-1511
FEC ID number of contributing federal political committee. **C** C00007450
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 07 / 30 / 2008
Transaction ID: A-C12674
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Health Care Association (AHCA-PAC)
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005-4024
FEC ID number of contributing federal political committee. **C** C00006080
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 08 / 29 / 2008
Transaction ID: A-C12823
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Meat Institute Political Action Committee
Mailing Address 1150 Connecticut Avenue NW Suite 1200
City Washington State DC Zip Code 20036-4126
FEC ID number of contributing federal political committee. **C** C00024281
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 09 / 30 / 2008
Transaction ID: A-C13047
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 46 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
American Optometric Association PAC

Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314-2874

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C12874

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C13027

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Public Power Association Public Ownership of Electrical Resources PAC

Mailing Address 2301 M Street NW
Suite 300

City State Zip Code
Washington DC 20037-1427

FEC ID number of contributing federal political committee. **C** C00161570

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 8

Transaction ID: A-C12709

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Ameritas Financial Services PAC

Mailing Address PO Box 81889

City Lincoln State NE Zip Code 68501-1889

FEC ID number of contributing federal political committee. **C** C00187138

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 09 / 25 / 2008
Transaction ID: A-C12967

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Archer Daniels Midland Company-ADM PAC

Mailing Address PO Box 1470

City Decatur State IL Zip Code 62525-1820

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 08 / 2008
Transaction ID: A-C12710

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
AT&T Inc. Federal Political Action Committee

Mailing Address 175 E. Houston, Rm. 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 08 / 04 / 2008
Transaction ID: A-C12701

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
BECTON DICKINSON AND COMPANY POLITICAL ACTION COMMITTEE (BD PAC)
Mailing Address 1 Becton Drive

City State Zip Code
Franklin Lakes NJ 07417-1815

FEC ID number of contributing federal political committee. **C** C00376582

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C12807

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Blue Cross And Blue Shield Of Nebraska P
Mailing Address 7261 Mercy Road

City State Zip Code
Omaha NE 68180-0001

FEC ID number of contributing federal political committee. **C** C00276311

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 8

Transaction ID: A-C12640

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Cargill Incorporated Political Action Committee
Mailing Address PO Box 9300

City State Zip Code
Minneapolis MN 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13041

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Chiropractors of Nebraska
Mailing Address 414 S 11th Street

City State Zip Code
Lincoln NE 68508-2104

FEC ID number of contributing federal political committee. **C** C00043471

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4750.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C12699

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
CME Group, INC. CME/CBOT PAC
Mailing Address 20 S Wacker Drive

City State Zip Code
Chicago IL 60606-7408

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C13008

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
CONAGRA Foods Good Government Association
Mailing Address 1 Conagra Drive

City State Zip Code
Omaha NE 68102-5003

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13048

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
CornPAC

Mailing Address 122 C Street NW
Suite 510

City Washington State DC Zip Code 20001-2109

FEC ID number of contributing federal political committee. **C** C00376343

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C12824

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 1400 16th Street NW
Suite 600

City Washington State DC Zip Code 20036-2225

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13049

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 E Main Street
Suite 200

City Richmond State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C12700

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Freshmen PAC Committee

Mailing Address PO Box 25121

City State Zip Code
Washington DC 20027-8121

FEC ID number of contributing federal political committee. **C** C00383901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13004

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Golden Horizons Care PAC

Mailing Address 1250 H Street NW
Suite 555

City State Zip Code
Washington DC 20005-3965

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C12820

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Avenue NW
Suite 800W

City State Zip Code
Washington DC 20001-2127

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C13051

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Husch Blackwell Sanders POLITICAL ACTION COMMITTEE

Mailing Address 4801 Main Street
Suite 1000

City State Zip Code
Kansas City MO 64112-2551

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	8

Transaction ID: A-C12875

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kelley Drye & Warren LLP, PAC

Mailing Address 3050 K Street NW
Suite 400

City State Zip Code
Washington DC 20007-5100

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: A-C12707

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 655 15th Street NW
Suite 455

City State Zip Code
Washington DC 20005-5701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: A-C13046

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
MacAndrews & Forbes Holdings Inc. PAC
 Mailing Address 35 E 62nd Street
 City State Zip Code
 New York NY 10065-8014
 FEC ID number of contributing federal political committee. **C** C00432856
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8
Transaction ID: A-C13044
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors PAC
 Mailing Address 2901 Telestar Court
 City State Zip Code
 Falls Church VA 22042-1260
 FEC ID number of contributing federal political committee. **C** C00005249
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 4500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8
Transaction ID: A-C12808
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE
 Mailing Address 1101 King Street
 Suite 600
 City State Zip Code
 Alexandria VA 22314-2965
 FEC ID number of contributing federal political committee. **C** C00144766
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 6000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 8
Transaction ID: A-C12935
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 100
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
National Ready Mixed Concrete Assn. PAC

Mailing Address 900 Spring Street

City State Zip Code
Silver Spring MD 20910-4015

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2008

Transaction ID: A-C12850

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Telecommunications Association Telecommunications Education Committee Organizat

Mailing Address 4121 Wilson Boulevard
Floor 10

City State Zip Code
Arlington VA 22203-1839

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2008

Transaction ID: A-C12743

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 415 2nd Street NE
Suite 300

City State Zip Code
Washington DC 20002-4900

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: A-C13045

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Nebraska Cattlemen Inc NC/PAC

Mailing Address 134 S 13th Street
Suite 900

City Lincoln State NE Zip Code 68508-1917

FEC ID number of contributing federal political committee. **C** C00446286

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1654.00

Date of Receipt: 08 / 09 / 2008
Transaction ID: A-I12840
Amount of Each Receipt this Period: 154.00
Inkind: Food for Bar-b-Que
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST

Mailing Address 1201 F Street NW
Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: A-C12992
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 10383

City Des Moines State IA Zip Code 50306-0383

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 07 / 23 / 2008
Transaction ID: A-C12619
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1654.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
SafePAC

Mailing Address 5918 Stoneridge Mall Road

City Pleasanton State CA Zip Code 94588-3229

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 8

Transaction ID: A-C12711

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Statecard.com PAC

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00438549

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 19.21

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 9 / 2 0 0 8

Transaction ID: A-C12864

Amount of Each Receipt this Period
 19.21

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

C. Full Name (Last, First, Middle Initial)
Southern Minnesota Beet Sugar Cooperative Political Action Committee

Mailing Address PO Box 500

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C12826

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2019.21**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 100
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
WERNER ENTERPRISES INC POLITICAL ACTION COMMITTEE

Mailing Address 14507 Frontier Road
37308

City State Zip Code
Omaha NE 68138-3808

FEC ID number of contributing federal political committee. **C** C00236034

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: A-C12675

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	51673.21

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 100
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive

City State Zip Code
Scottsbluff NE 69361-2790

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 824.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2008

Transaction ID: A-M13066

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive

City State Zip Code
Scottsbluff NE 69361-2790

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 824.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2008

Transaction ID: A-M13067

Amount of Each Receipt this Period
41.62

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

C. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive

City State Zip Code
Scottsbluff NE 69361-2790

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 824.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2008

Transaction ID: A-M13068

Amount of Each Receipt this Period
39.77

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

SUBTOTAL of Receipts This Page (optional) ► **121.39**

TOTAL This Period (last page this line number only) ► **121.39**

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
A-1 Rentals, Inc.

Mailing Address 3555 10th Street

City Gering State NE Zip Code 69341-1734

Purpose of Disbursement
Tables & Chairs
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11953
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

231.90

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

B.

Full Name (Last, First, Middle Initial)
Alltel

Mailing Address PO Box 94255

City Palatine State IL Zip Code 60094-4255

Purpose of Disbursement
Campaign phone charger
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11914
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

32.09

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

C.

Full Name (Last, First, Middle Initial)
Amazon.com

Mailing Address 1200 12th Avenue S
Suite 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11927
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

299.00

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Axiom Strategies, LLC.

Transaction ID: B-E-12717
Date of Disbursement

Mailing Address 2345 Grand Boulevard
Suite 6

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

City Kansas City State MO Zip Code 64108-2663

Amount of Each Disbursement this Period

2139.20

Purpose of Disbursement
Other: Surveys

--

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Transaction ID: B-S-11939
Date of Disbursement

Mailing Address 300 1st Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Washington State DC Zip Code 20003-1801

Amount of Each Disbursement this Period

48.68

Purpose of Disbursement
Fundraising Planning

--

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

C.

Full Name (Last, First, Middle Initial)
Churchill Strategies, LLC.

Transaction ID: B-E-12718
Date of Disbursement

Mailing Address 23 N Front Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

City Harrisburg State PA Zip Code 17101-1640

Amount of Each Disbursement this Period

1815.00

Purpose of Disbursement
Advertising: Medal Printing and Design

004

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3954.20

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Citi Cards

Mailing Address PO Box 688903

City State Zip Code
Des Moines IA 50368-8903

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11919
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

12.38

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

B.

Full Name (Last, First, Middle Initial)
Citi Cards

Mailing Address PO Box 688903

City State Zip Code
Des Moines IA 50368-8903

Purpose of Disbursement
Other: Credit Card Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12842
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1358.18

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

Original vendors exceeding reporting threshold itemized as memo transactions.

C.

Full Name (Last, First, Middle Initial)
Citi Cards

Mailing Address PO Box 688903

City State Zip Code
Des Moines IA 50368-8903

Purpose of Disbursement
Other: Credit Card Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12848
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

3066.87

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

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional)

4425.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Citi Cards

Mailing Address PO Box 688903

City State Zip Code
Des Moines IA 50368-8903

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11941
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

22.69

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
Citi Cards

Mailing Address PO Box 688903

City State Zip Code
Des Moines IA 50368-8903

Purpose of Disbursement
Other: Credit Card Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-13057
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

2241.75

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

Original vendors exceeding reporting threshold itemized as memo transactions.

C.

Full Name (Last, First, Middle Initial)
Complete Campaigns

Mailing Address 610 Gateway Center Way
Suite K

City State Zip Code
San Diego CA 92102-4548

Purpose of Disbursement
Other: Campaign Software

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12845
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

2741.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Charge for Blast Email

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-12847
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

15.78

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

B. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Electronic Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-12671
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

6.25

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

C. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Electronic Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-12673
Date of Disbursement

07 / 19 / 2008

Amount of Each Disbursement this Period

1.25

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

SUBTOTAL of Disbursements This Page (optional) ▶

23.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Electronic Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12757</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 11.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Campaign Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12846</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Electronic Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12756</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 87.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>598.75</p>
<p>TOTAL 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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Adrian Smith for Congress</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Electronic Processing Fee</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12836</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Electronic Processing Fee</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12838</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Campaign Software</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12844</p> <p>Date of Disbursement 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

507.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Other: Charge for Blast Email Candidate Name Office Sought: State: District:	Transaction ID: B-E-12972 Date of Disbursement 09 / 17 / 2008
	Amount of Each Disbursement this Period 63.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Other: Electronic Processing Fees Candidate Name Office Sought: State: District:	Transaction ID: B-E-13065 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 47.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Dismal River Club Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Fundraising: Food, Beverage and Lodging Candidate Name Office Sought: State: District:	Transaction ID: B-E-12578 Date of Disbursement 07 / 02 / 2008
	Amount of Each Disbursement this Period 6355.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6466.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Fedex Corporation

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement
Administrative/Salary/Overhead: Shipping
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12872
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

41.31

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

B.

Full Name (Last, First, Middle Initial)
Fedex Corporation

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement
Administrative/Salary/Overhead: Shipping
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12985
Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

94.15

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

C.

Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Fundraising: Fundraising Services
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12607
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

1298.44

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

SUBTOTAL of Disbursements This Page (optional) ▶

1433.90

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Fundraising: Fundraising Services
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-12759
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

8335.37

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

B. Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Fundraising: Fundraising Services
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-12873
Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

2262.92

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

C. Full Name (Last, First, Middle Initial)
Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement
Political Contribution
Candidate Name
Lee Terry for Congress

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-12986
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

11598.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mail Marketing, Inc.	Transaction ID: B-E-12871 Date of Disbursement 09 / 15 / 2008
	Mailing Address 10913 E Circle	Amount of Each Disbursement this Period 464.38
	City Omaha State NE Zip Code 68137-1223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising: September Mail Piece Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Midwest Trophy	Transaction ID: B-S-11918 Date of Disbursement 07 / 01 / 2008
	Mailing Address PO Box 15959	Amount of Each Disbursement this Period 48.60
	City Del City State OK Zip Code 73155	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Set Up Fee for Medallions Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		[MEMO ITEM] Subitemization of Citi Cards(07/28/08)

C.	Full Name (Last, First, Middle Initial) Midwest Trophy	Transaction ID: B-S-11943 Date of Disbursement 08 / 08 / 2008
	Mailing Address PO Box 15959	Amount of Each Disbursement this Period 1450.75
	City Del City State OK Zip Code 73155	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Medallions for the Convention Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		[MEMO ITEM] Subitemization of Citi Cards(09/22/08)

SUBTOTAL of Disbursements This Page (optional)	▶	464.38
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Millenium Hilton	Transaction ID: B-S-11910 Date of Disbursement 06 / 18 / 2008
	Mailing Address 55 Church Street	Amount of Each Disbursement this Period 282.14
	City New York State NY Zip Code 10007-2910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hotel Ambers New York Event	<input type="checkbox"/> [MEMO ITEM] Subitemization of Citi Cards(07/28/08)
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: B-E-12894 Date of Disbursement 09 / 17 / 2008
	Mailing Address 320 1st Street SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003-1838	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Dues	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nebraska Republican Party	Transaction ID: B-E-12680 Date of Disbursement 08 / 04 / 2008
	Mailing Address 1610 N Street	Amount of Each Disbursement this Period 11950.75
	City Lincoln State NE Zip Code 68508-1871	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Polling	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	16950.75
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 901 15th Street NW
Suite 310

City Washington State DC Zip Code 20005-2327

Purpose of Disbursement
National Convention
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-S-11928
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

607.24

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 901 15th Street NW
Suite 310

City Washington State DC Zip Code 20005-2327

Purpose of Disbursement
National Convention
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-S-11929
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

789.81

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

C.

Full Name (Last, First, Middle Initial)
Platte Valley National Bank

Mailing Address 1212 Circle Drive

City Scottsbluff State NE Zip Code 69361-2790

Purpose of Disbursement
Payroll Taxes
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-12606
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

147.22

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

SUBTOTAL of Disbursements This Page (optional) ▶

147.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Platte Valley National Bank Mailing Address 1212 Circle Drive City State Zip Code Scottsbluff NE 69361-2790 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12763 Date of Disbursement 08 / 15 / 2008 Amount of Each Disbursement this Period 166.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Platte Valley National Bank Mailing Address 1212 Circle Drive City State Zip Code Scottsbluff NE 69361-2790 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12868 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 191.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Platte Valley National Bank Mailing Address 1212 Circle Drive City State Zip Code Scottsbluff NE 69361-2790 Purpose of Disbursement Check Order Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13072 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 32.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	390.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Plaza Financial Mailing Address 3321 Avenue I City State Zip Code Scottsbluff NE 69361-4586 Purpose of Disbursement 2nd Quarter Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12583 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Scottsbluff Screenprinting Mailing Address 1813 Broadway City State Zip Code Scottsbluff NE 69361-2435 Purpose of Disbursement Advertising: Tee Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12610 Date of Disbursement 07 / 16 / 2008 Amount of Each Disbursement this Period 431.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Securenet Mailing Address 6011 Executive Boulevard Suite 201 City State Zip Code Rockville MD 20852-3805 Purpose of Disbursement Other: Electronic Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13069 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 29.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

611.37

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Securenet

Transaction ID: B-E-13070

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Mailing Address 6011 Executive Boulevard
Suite 201

Amount of Each Disbursement this Period

29.95

City State Zip Code
Rockville MD 20852-3805

Purpose of Disbursement
Other: Electronic Processing Fee

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Securenet

Transaction ID: B-E-13071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Mailing Address 6011 Executive Boulevard
Suite 201

Amount of Each Disbursement this Period

29.95

City State Zip Code
Rockville MD 20852-3805

Purpose of Disbursement
Other: Electronic Processing Fee

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
South Side Aero Corp

Transaction ID: B-E-12670

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address PO Box 87

Amount of Each Disbursement this Period

2658.00

City State Zip Code
Cody NE 69211-0087

Purpose of Disbursement
Travel: Congressman to State Conv.

002 Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2717.90

TOTAL This Period (last page this line number only)

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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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1711 Frontage Road</p> <p>City State Zip Code Scottsbluff NE 69361-2780</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11917 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 45.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(07/28/08)</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1711 Frontage Road</p> <p>City State Zip Code Scottsbluff NE 69361-2780</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11923 Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 29.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(08/20/08)</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1711 Frontage Road</p> <p>City State Zip Code Scottsbluff NE 69361-2780</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11931 Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 31.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(08/20/08)</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) State Farm Insurance Mailing Address PO Box 82542 City Lincoln State NE Zip Code 68501-2542 Purpose of Disbursement Business Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12579 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 240.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Target Mailing Address 1401 Frontage Road City Scottsbluff State NE Zip Code 69361-2773 Purpose of Disbursement Onesies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11904 Date of Disbursement 06 / 13 / 2008 Amount of Each Disbursement this Period 42.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/28/08)
C.	Full Name (Last, First, Middle Initial) United Airlines Mailing Address 1200 East Algonquin Road City Elk Grove Township State IL Zip Code 60007 Purpose of Disbursement New York fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11921 Date of Disbursement 07 / 10 / 2008 Amount of Each Disbursement this Period 684.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(08/20/08)

SUBTOTAL of Disbursements This Page (optional) ▶	240.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11898
Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

8.33

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11900
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

11.49

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

C.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11901
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

25.34

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11899
Date of Disbursement

06 / 07 / 2008

Amount of Each Disbursement this Period

8.70

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11912
Date of Disbursement

06 / 21 / 2008

Amount of Each Disbursement this Period

12.18

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

C.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11915
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

25.86

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

[MEMO ITEM]

Subitemization of Citi Cards(07/28/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11936
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

12.13

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11937
Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

12.69

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

C.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11940
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

11.96

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11947
Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

12.02

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11949
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

9.43

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

C.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address PO Box 660650

City Dallas State TX Zip Code 75266-0650

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11950
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

13.19

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: B-S-11954 Date of Disbursement
	Mailing Address PO Box 660650	<input type="text" value="08"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Dallas State TX Zip Code 75266-0650	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="10.01"/>
	Candidate Name	<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	[MEMO ITEM] Subitemization of Citi Cards(09/22/08)
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: B-S-11957 Date of Disbursement
	Mailing Address PO Box 660650	<input type="text" value="08"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Dallas State TX Zip Code 75266-0650	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="54.88"/>
	Candidate Name	<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	[MEMO ITEM] Subitemization of Citi Cards(09/22/08)
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: B-S-11961 Date of Disbursement
	Mailing Address PO Box 660650	<input type="text" value="09"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Dallas State TX Zip Code 75266-0650	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="6.96"/>
	Candidate Name	<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	[MEMO ITEM] Subitemization of Citi Cards(09/22/08)
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B-S-11902 Date of Disbursement 06 / 06 / 2008
	Mailing Address 201 2nd St	Amount of Each Disbursement this Period 173.45
	City Melbeta State NE Zip Code 69355	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Stamps Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of Citi Cards(07/28/08)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

B.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B-S-11916 Date of Disbursement 06 / 30 / 2008
	Mailing Address 201 2nd St	Amount of Each Disbursement this Period 126.00
	City Melbeta State NE Zip Code 69355	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Stamps Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of Citi Cards(07/28/08)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B-E-12603 Date of Disbursement 07 / 02 / 2008
	Mailing Address 201 2nd St	Amount of Each Disbursement this Period 126.00
	City Melbeta State NE Zip Code 69355	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Stamps for Mailing Candidate Name	<input type="checkbox"/> [MEMO ITEM] Subitemization of Citi Cards(07/28/08)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	126.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Stamps

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11926
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

15.80

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Stamps

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11932
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

169.00

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Stamps

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11933
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

1.17

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement

Stamps

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11938

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

126.00

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement

Stamps

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-11955

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

20.16

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement

Other: Stamps

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-12765

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

126.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

126.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Administrative/Salary/Overhead: Stamps
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12866
Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

126.00

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

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage for Direct Mail Piece
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12870
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

759.05

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

C.

Full Name (Last, First, Middle Initial)
Victorystore.com

Mailing Address 5200 30th Street SW

City Davenport State IA Zip Code 52802-3039

Purpose of Disbursement
Bumper Stickers
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11911
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

353.00

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

[MEMO ITEM]
Subitemization of Citi Cards(07/28/08)

SUBTOTAL of Disbursements This Page (optional) ▶

885.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: B-S-11920
	Mailing Address 3322 Avenue I	Date of Disbursement 07 / 01 / 2008
	City Scottsbluff State NE Zip Code 69361-4589	Amount of Each Disbursement this Period 28.83
	Purpose of Disbursement office supplies Candidate Name	<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:	<input type="checkbox"/> Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citi Cards(07/28/08)

B.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: B-S-11925
	Mailing Address 3322 Avenue I	Date of Disbursement 07 / 18 / 2008
	City Scottsbluff State NE Zip Code 69361-4589	Amount of Each Disbursement this Period 3.24
	Purpose of Disbursement Office Supplies Candidate Name	<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:	<input type="checkbox"/> Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citi Cards(08/20/08)

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: B-S-11930
	Mailing Address 3322 Avenue I	Date of Disbursement 07 / 22 / 2008
	City Scottsbluff State NE Zip Code 69361-4589	Amount of Each Disbursement this Period 5.07
	Purpose of Disbursement Office Supplies Candidate Name	<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:	<input type="checkbox"/> Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citi Cards(08/20/08)

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Wal-Mart

Mailing Address 3322 Avenue I

City State Zip Code
Scottsbluff NE 69361-4589

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11934
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

8.95

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

B.

Full Name (Last, First, Middle Initial)
Wal-Mart

Mailing Address 3322 Avenue I

City State Zip Code
Scottsbluff NE 69361-4589

Purpose of Disbursement
Photos and Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11935
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

72.93

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

[MEMO ITEM]

Subitemization of Citi Cards(08/20/08)

C.

Full Name (Last, First, Middle Initial)
Wal-Mart

Mailing Address 3322 Avenue I

City State Zip Code
Scottsbluff NE 69361-4589

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-11942
Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

12.69

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

[MEMO ITEM]

Subitemization of Citi Cards(09/22/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 3322 Avenue I</p> <p>City State Zip Code Scottsbluff NE 69361-4589</p> <p>Purpose of Disbursement Supplies for event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11951</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 17.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(09/22/08)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 3322 Avenue I</p> <p>City State Zip Code Scottsbluff NE 69361-4589</p> <p>Purpose of Disbursement Supplies for event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11952</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 40.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(09/22/08)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 3322 Avenue I</p> <p>City State Zip Code Scottsbluff NE 69361-4589</p> <p>Purpose of Disbursement Office Supplies and Photos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11924</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 87.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(08/20/08)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 3322 Avenue I</p> <p>City State Zip Code Scottsbluff NE 69361-4589</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-11960 Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 20.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(09/22/08)</p>
<p>B. Full Name (Last, First, Middle Initial) York Promotional Products</p> <p>Mailing Address 1618 Road N # A</p> <p>City State Zip Code York NE 68467-8230</p> <p>Purpose of Disbursement Advertising: Bumper Stickers</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12611 Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 882.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Erica G Croft</p> <p>Mailing Address 650 County Road 75</p> <p>City State Zip Code Hemingford NE 69348-3032</p> <p>Purpose of Disbursement Campaign Staff</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12683 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 36.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

919.67

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Erica G Croft Mailing Address 650 County Road 75 City Hemingford State NE Zip Code 69348-3032 Purpose of Disbursement Campaign Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12762 Date of Disbursement 08 / 15 / 2008 Amount of Each Disbursement this Period 206.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mrs. Erica G Croft Mailing Address 650 County Road 75 City Hemingford State NE Zip Code 69348-3032 Purpose of Disbursement Campaign Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12766 Date of Disbursement 08 / 29 / 2008 Amount of Each Disbursement this Period 154.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mrs. Erica G Croft Mailing Address 650 County Road 75 City Hemingford State NE Zip Code 69348-3032 Purpose of Disbursement Campaign Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12869 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 132.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

494.32

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mrs. Erica G Croft</p> <p>Mailing Address 650 County Road 75</p> <p>City Hemingford State NE Zip Code 69348-3032</p> <p>Purpose of Disbursement Campaign Staff Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12987</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 95.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City Morrill State NE Zip Code 69358-5021</p> <p>Purpose of Disbursement Report Preparation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12604</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 210.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City Morrill State NE Zip Code 69358-5021</p> <p>Purpose of Disbursement Other: Reimbursement of Mileage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12669</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 99.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

406.68

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert Mailing Address 220 Madison Avenue City Morrill State NE Zip Code 69358-5021 Purpose of Disbursement Report Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12681 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 210.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert Mailing Address 220 Madison Avenue City Morrill State NE Zip Code 69358-5021 Purpose of Disbursement Report Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 210.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert Mailing Address 220 Madison Avenue City Morrill State NE Zip Code 69358-5021 Purpose of Disbursement Report Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12767 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 210.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)		632.61
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City Morrill State NE Zip Code 69358-5021</p> <p>Purpose of Disbursement Report Preparation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12867 Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 210.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City Morrill State NE Zip Code 69358-5021</p> <p>Purpose of Disbursement Report Preparation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12988 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 210.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City Morrill State NE Zip Code 69358-5021</p> <p>Purpose of Disbursement Other: Mileage Reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12989 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 109.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

531.14

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Karen Hascall

Transaction ID: B-I-13053
Date of Disbursement

Mailing Address 200398 Rolling Hills Road

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

City State Zip Code
Scottsbluff NE 69361-5526

Amount of Each Disbursement this Period

10.00

Purpose of Disbursement
Inkind: Dessert
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Mrs. Karen Hascall

Transaction ID: B-I-13052
Date of Disbursement

Mailing Address 200398 Rolling Hills Road

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Scottsbluff NE 69361-5526

Amount of Each Disbursement this Period

90.00

Purpose of Disbursement
Inkind: Payroll Services
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. John R Hoehne

Transaction ID: B-E-12602
Date of Disbursement

Mailing Address 3221 Sunset Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	0	8

City State Zip Code
North Platte NE 69101-6330

Amount of Each Disbursement this Period

1005.34

Purpose of Disbursement
Administrative/Salary/Overhead: Salary
Candidate Name

001 Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1105.34

TOTAL This Period (last page this line number only)

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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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. John R Hoehne

Transaction ID: B-E-12716
Date of Disbursement

Mailing Address 3221 Sunset Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

City North Platte State NE Zip Code 69101-6330

Amount of Each Disbursement this Period

Purpose of Disbursement
Administrative/Salary/Overhead: Salary
Candidate Name

001
Category/ Type

1003.22

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. John R Hoehne

Transaction ID: B-E-12760
Date of Disbursement

Mailing Address 3221 Sunset Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

City North Platte State NE Zip Code 69101-6330

Amount of Each Disbursement this Period

Purpose of Disbursement
Other: Reimbursement of Mileage
Candidate Name

Category/ Type

207.25

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. John R Hoehne

Transaction ID: B-E-12839
Date of Disbursement

Mailing Address 3221 Sunset Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

City North Platte State NE Zip Code 69101-6330

Amount of Each Disbursement this Period

Purpose of Disbursement
Administrative/Salary/Overhead: Salary
Candidate Name

001
Category/ Type

1096.88

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

2307.35

TOTAL This Period (last page this line number only)

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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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mrs. Melissa Mosher

Mailing Address 1750 12th Street

City Gering State NE Zip Code 69341-4106

Purpose of Disbursement
Campaign Staff

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12605

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

86.96

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Melissa Mosher

Mailing Address 1750 12th Street

City Gering State NE Zip Code 69341-4106

Purpose of Disbursement
Campaign Staff

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12682

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

22.12

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

C.

Full Name (Last, First, Middle Initial)
Ms. Kathe Reyes

Mailing Address 2040 13th Street

City Gering State NE Zip Code 69341-4120

Purpose of Disbursement
Catering for Fundraising Event

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-12764

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

243.41

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

SUBTOTAL of Disbursements This Page (optional) ▶

352.49

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Josh Sand</p> <p>Mailing Address 3211 Browning Street</p> <p>City Lincoln State NE Zip Code 68516-4691</p> <p>Purpose of Disbursement Fundraising: Food for Fundraising Event</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12893</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 371.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Congressma Adrian Smith</p> <p>Mailing Address 3321 Avenue I</p> <p>City Scottsbluff State NE Zip Code 69361-4586</p> <p>Purpose of Disbursement Other: Reimbursement of Stamps</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12580</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 84.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Congressma Adrian Smith</p> <p>Mailing Address 3321 Avenue I</p> <p>City Scottsbluff State NE Zip Code 69361-4586</p> <p>Purpose of Disbursement Other: Reimbursement of Mileage</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12581</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 67.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

522.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Congressma Adrian Smith	Transaction ID: B-E-12582 Date of Disbursement 07 / 02 / 2008
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 68.01
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Reimbursement of cell phone ch Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congressma Adrian Smith	Transaction ID: B-E-12608 Date of Disbursement 07 / 16 / 2008
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 36.00
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: Reimbursement for Travel Expen Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Congressma Adrian Smith	Transaction ID: B-E-12668 Date of Disbursement 07 / 30 / 2008
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 100.00
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Reimbursement of Cell phone ch Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	204.01
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 100

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Congressma Adrian Smith

Mailing Address 3321 Avenue I

City State Zip Code
Scottsbluff NE 69361-4586

Purpose of Disbursement
Other: Reimbursement of Stamps

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 100

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. S. Michael Jensen

Mailing Address PO Box 500

City Blair State NE Zip Code 68008-0500

Purpose of Disbursement
Refund for Excess Contribution

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12577
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00