

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ADAM R. SMITH FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

| | 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)).... | 13073.00 | 42706.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 300.00 | 300.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 12773.00 | 42406.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 34440.38 | 38603.08 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 34440.38 | 38603.08 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2161.98 | |
| 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ADAM R. SMITH FOR CONGRESS

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

| 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)..... | 9225.00 | 26775.00 |
| (ii) Unitemized..... | 3848.00 | 5931.00 |
| (iii) TOTAL of contributions from individuals ▶ | 13073.00 | 32706.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 10000.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 13073.00 | 42706.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 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.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 13073.00 | 42706.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 34440.38 | 38603.08 |
| 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 | 300.00 | 300.00 |
| (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))..... | 300.00 | 300.00 |
| 21. OTHER DISBURSEMENTS | 1640.94 | 1640.94 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 36381.32 | 40544.02 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 25470.30 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 13073.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 38543.30 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 36381.32 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2161.98 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 5 OF 29 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLTON, MARK, , ,

Mailing Address 17260 S RADFORDS VIEW LN

| | | |
|---------------------|-------------|-------------------|
| City OREGON CITY | State OR | Zip Code 97045 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|---|-----------------------|
| Name of Employer VISION MORTGAGE GROUP | Occupation FOUNDER |
|---|-----------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A31AC2095A41545E28EB

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
CHESTERFIELD, BEVERLY, , ,

Mailing Address 184 COVERED BRIDGE DR

| | | |
|-------------------|-------------|------------------------|
| City FLAT ROCK | State NC | Zip Code 28731-7608 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AC92B24CF15404EDE8E5

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
CHESTERFIELD, BEVERLY, , ,

Mailing Address 184 COVERED BRIDGE DR

| | | |
|-------------------|-------------|------------------------|
| City FLAT ROCK | State NC | Zip Code 28731-7608 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------|-----------------------|
| Name of Employer RETIRED | Occupation RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A758B94BBE8E14CD5943

Amount of Each Receipt this Period

Memo Item

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

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 OF 29 | |
| <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)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MASHBURN, JOSHUA, , ,

Mailing Address 92 LANNING DR

| | | |
|---------------------|-------------|-------------------|
| City WAYNESVILLE | State NC | Zip Code 28786 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation ENTREPRENEUR |
|-----------------------------------|----------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A3A0D40467F9641AF97C

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MASHBURN, JOSHUA, , ,

Mailing Address 92 LANNING DR

| | | |
|---------------------|-------------|-------------------|
| City WAYNESVILLE | State NC | Zip Code 28786 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee.

| | |
|-----------------------------------|----------------------------|
| Name of Employer SELF EMPLOYED | Occupation ENTREPRENEUR |
|-----------------------------------|----------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A3E4DB7BEA1FD47919B6

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MCARDLE, KAREN, , ,

Mailing Address 111 UPPER LAKE RD

| | | |
|-------------------|-------------|------------------------|
| City HIGHLANDS | State NC | Zip Code 28741-8667 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|--|-------------------------|
| Name of Employer BENJAMIN FRANKLIN HOUSE FOUNDATION | Occupation SECRETARY |
|--|-------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A4DA07BF76E1F47C2A27

Amount of Each Receipt this Period

Memo Item

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

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 7 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PITTMAN, JAN, , ,

Mailing Address 493 SPLIT RAIL ROW

City: HIGHLANDS State: NC Zip Code: 28741-4502

FEC ID number of contributing federal political committee: C

Name of Employer: HIGHLANDS ZONING BOARD Occupation: ZONING

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : A3A44C1C7F6144BBBA54

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
POWELL, DOUGLAS, , ,

Mailing Address 102 COLLEGE STELLON DR STE 2B7

City: BREVARD State: NC Zip Code: 28712

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: LOBBYIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2025

Transaction ID : A91C8B25D7E764563811

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PRIVETTE, MIKE, , ,

Mailing Address 331 THUNDER RD

City: BREVARD State: NC Zip Code: 28712-7740

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: ENTREPRENEUR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : A3EB231A11C3542E2988

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REED, LIN, , ,

Mailing Address P.O. BOX 12

City COLUMBUS State NC Zip Code 28722

FEC ID number of contributing federal political committee. C

Name of Employer LCMHC Occupation THERAPIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2025

Transaction ID : ACD65D7F81F0645BDAE6

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SMITH, ELIZABETH, , ,

Mailing Address 46 GROYE ST.

City BREVARD State NC Zip Code 28712-3889

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2025

Transaction ID : A677A2CE448994376A72

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SMITH, KYLE, , ,

Mailing Address 3258 MOONLIGHT COURT

City COLUMBUS State IN Zip Code 47203

FEC ID number of contributing federal political committee. C

Name of Employer CUMMINS Occupation MECH. ENGINEER TECHNICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2025

Transaction ID : A63C9A407B8DC4A57917

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SMITH, PATTI, , ,

Mailing Address 1800 DUTCH LANE LOT 34

City: JEFFERSONVILLE State: IN Zip Code: 47130

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 11 / 07 / 2025

Transaction ID : AE3113904B78A46F08DA

Amount of Each Receipt this Period: 150.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SOUZA, SHANE, , ,

Mailing Address 1516 S PEPPERTREE CT

City: VISALIA State: CA Zip Code: 93277

FEC ID number of contributing federal political committee: C

Name of Employer: EGAN RANGE AG Occupation: OWNER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 17 / 2025

Transaction ID : A79ABEDB2EA8444E79E2

Amount of Each Receipt this Period: 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STICH, RICHARD, , ,

Mailing Address 1378 RIXHAVEN DRIVE

City: SALUDA State: NC Zip Code: 28773

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 05 / 2025

Transaction ID : AFC776318DA894398A21

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WETZEL, ROXAN, , ,

Mailing Address 488 FERN VALLEY DR

City MARION State NC Zip Code 28752

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2025

Transaction ID : **ABF9B513F96064DD59B0**

Amount of Each Receipt this Period
75.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
532.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2025

Transaction ID : **AEE8C77BB603541E0B75**

Amount of Each Receipt this Period
75.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
WIENER, CHRIS, , ,

Mailing Address 503 S BROAD ST

City BREVARD State NC Zip Code 28712

FEC ID number of contributing federal political committee. C

Name of Employer CITY OF BREVARD Occupation MAYOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2050.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2025

Transaction ID : **AEB3D0692EE9C4E368E0**

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2075.00

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 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIENER, CHRIS, , ,

Mailing Address 503 S BROAD ST

City BREVARD State NC Zip Code 28712

FEC ID number of contributing federal political committee. C

Name of Employer CITY OF BREVARD Occupation MAYOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 18 2025

Transaction ID : A865ED8AAAB2D451A89B

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WIENER, CHRIS, , ,

Mailing Address 503 S BROAD ST

City BREVARD State NC Zip Code 28712

FEC ID number of contributing federal political committee. C

Name of Employer CITY OF BREVARD Occupation MAYOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 18 2025

Transaction ID : A35DEAE5A22D044E482C

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 9225.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025 | |
| Mailing Address 1 SKYVIEW DR | | | FEC Identification Number C | |
| City FORT WORTH | State TX | Zip Code 76155-1801 | Amount of Each Disbursement this Period 1472.96 | |
| Purpose of Disbursement TRAVEL | | Category/ Type 001 | Transaction ID : B0F1BC07A74B94DD4883 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2025 | |
| Mailing Address 1340 POYDRAS ST | | | FEC Identification Number C | |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 | Amount of Each Disbursement this Period 16.90 | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : BDCAB5AC6197248A7964 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2025 | |
| Mailing Address 1340 POYDRAS ST | | | FEC Identification Number C | |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 | Amount of Each Disbursement this Period 41.94 | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : B204C88C06FF04DA08F3 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1531.80 |
| 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 13 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2025 |
| Mailing Address 1340 POYDRAS ST | | FEC Identification Number C |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 |
| Purpose of Disbursement CREDIT CARD FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 21.80 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B0C5F4FBAAE0C4077BA3 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025 |
| Mailing Address 1340 POYDRAS ST | | FEC Identification Number C |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 |
| Purpose of Disbursement CREDIT CARD FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 5.60 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : BECBCC2ABDD3B47A0880 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2025 |
| Mailing Address 1340 POYDRAS ST | | FEC Identification Number C |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 |
| Purpose of Disbursement CREDIT CARD FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 16.60 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B87F1EBC828EE407A86E |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 44.00 |
| 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) | PAGE 14 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | | Date of Disbursement MM / DD / YYYY 11 / 07 / 2025 | | |
| Mailing Address 1340 POYDRAS ST | | | FEC Identification Number C | | |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 | Amount of Each Disbursement this Period 27.10 | | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : B7BF3049A1F094C31902 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | | Date of Disbursement MM / DD / YYYY 11 / 15 / 2025 | | |
| Mailing Address 1340 POYDRAS ST | | | FEC Identification Number C | | |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 | Amount of Each Disbursement this Period 82.60 | | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : B712550D4F0834C93AB4 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | | Date of Disbursement MM / DD / YYYY 11 / 29 / 2025 | | |
| Mailing Address 1340 POYDRAS ST | | | FEC Identification Number C | | |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 | Amount of Each Disbursement this Period 13.50 | | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : BC4F45290E7734630AAF | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 123.20 |
| 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) | PAGE 15 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025 |
| Mailing Address 1340 POYDRAS ST | | FEC Identification Number C |
| City NEW ORLEANS | State LA | Zip Code 70112-1251 |
| Purpose of Disbursement CREDIT CARD FEES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 71.60 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B712E673DA7E14C63A51 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. APPLE | | Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025 |
| Mailing Address ONE APPLE PARK WAY | | FEC Identification Number C |
| City CUPERTINO | State CA | Zip Code 95014-0642 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 52.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : BCC314F06B0604451876 |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BEST BUY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025 |
| Mailing Address 7601 PENN AVE S | | FEC Identification Number C |
| City RICHFIELD | State MN | Zip Code 55423-8500 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 818.55 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B0213288910A2410C8FA |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 942.90 |
| 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) | | PAGE 16 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| A. BEST BUY | | M M / D D / Y Y Y Y 10 / 09 / 2025 | |
| Mailing Address 7601 PENN AVE S | | FEC Identification Number | |
| City RICHFIELD | State MN | Zip Code 55423-8500 | C |
| Purpose of Disbursement OFFICE SUPPLIES | | 001 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 438.65 |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : BFBD87815BA014EAD8C8 |
| State: | District: | | <input type="checkbox"/> Memo Item |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| B. BEST BUY | | M M / D D / Y Y Y Y 10 / 14 / 2025 | |
| Mailing Address 7601 PENN AVE S | | FEC Identification Number | |
| City RICHFIELD | State MN | Zip Code 55423-8500 | C |
| Purpose of Disbursement OFFICE SUPPLIES | | 001 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 359.50 |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B35D704BA91154228982 |
| State: | District: | | <input type="checkbox"/> Memo Item |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| C. BEST BUY | | M M / D D / Y Y Y Y 10 / 16 / 2025 | |
| Mailing Address 7601 PENN AVE S | | FEC Identification Number | |
| City RICHFIELD | State MN | Zip Code 55423-8500 | C |
| Purpose of Disbursement OFFICE SUPPLIES | | 001 | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ Type | 219.33 |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B2A85DA3414AC451ABD2 |
| State: | District: | | <input type="checkbox"/> Memo Item |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1017.48 |
| 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 17 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. BP | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025 |
| Mailing Address 501 WESTLAKE PARK BLVD | | FEC Identification Number C |
| City HOUSTON | State TX | Zip Code 77079-2604 |
| Purpose of Disbursement TRAVEL | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 50.02 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 | Transaction ID : BEE865825010F4572851 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="checkbox"/> Memo Item |
| | <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025 |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043-1351 |
| Purpose of Disbursement OFFICE SUBSCRIPTIONS | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 65.62 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 | Transaction ID : BA78E76B3716548E691C |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="checkbox"/> Memo Item |
| | <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025 |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043-1351 |
| Purpose of Disbursement OFFICE SUBSCRIPTIONS | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 22.86 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 | Transaction ID : B46C1DB10D6604951ACB |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="checkbox"/> Memo Item |
| | <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 138.50 |
| 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) | | PAGE 18 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025 |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043-1351 |
| Purpose of Disbursement OFFICE SUBSCRIPTIONS | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 24.40 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B0F1F84C25ACD49F9BEF |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. GOOGLE | | Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025 |
| Mailing Address 1600 AMPHITHEATRE PARKWAY | | FEC Identification Number C |
| City MOUNTAIN VIEW | State CA | Zip Code 94043-1351 |
| Purpose of Disbursement OFFICE SUBSCRIPTIONS | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 143.22 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B5F10A5D72BED4356B95 |
| State: District: | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GUIDEPOST STRATEGIC PARTNERS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025 |
| Mailing Address PO BOX 27758 | | FEC Identification Number C |
| City AUSTIN | State TX | Zip Code 78755-7758 |
| Purpose of Disbursement DIGITAL CONSULTING | | 001 |
| Candidate Name | | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID : B149BAA5EAEE3470CA37 |
| State: District: | | <input type="checkbox"/> Memo Item |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1167.62 |
| 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 19 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GUIDEPOST STRATEGIC PARTNERS

Mailing Address PO BOX 27758

City AUSTIN State TX Zip Code 78755-7758

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : B04F209D3363A4A67B53

Memo Item

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 80 WILLIAM ST STE 400

City WELLESLEY State MA Zip Code 02481-3705

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 74.00

Transaction ID : BBFE3A98AB94A45B19F2

Memo Item

Full Name (Last, First, Middle Initial)

C. GULF OIL

Mailing Address 80 WILLIAM ST STE 400

City WELLESLEY State MA Zip Code 02481-3705

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 16 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 60.01

Transaction ID : B3FE383285791474D910

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1134.01

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 20 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 80 WILLIAM ST
STE 400

City WELLESLEY State MA Zip Code 02481-3705

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 7.58

Transaction ID : B8C10623BB2164644878

Memo Item

Full Name (Last, First, Middle Initial)

B. HOTEL WASHINGTON

Mailing Address 515 15TH ST NW

City WASHINGTON State DC Zip Code 20004-1006

Purpose of Disbursement LODGING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1277.78

Transaction ID : B09F73F5AB9CD461B811

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPRINT.COM

Mailing Address 14550 BEECHNUT ST

City HOUSTON State TX Zip Code 77083-5741

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 625.95

Transaction ID : B43FAF30BADFC431895F

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1911.31

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 21 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. IMPRINT.COM | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025 | | |
| Mailing Address 14550 BEECHNUT ST | | | FEC Identification Number C | | |
| City HOUSTON | State TX | Zip Code 77083-5741 | Amount of Each Disbursement this Period 474.40 | | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : BE32B55D384764C178D6 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. KNIPP, TAYLOR, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025 | | |
| Mailing Address 4006 SNOW LEOPARD DR | | | FEC Identification Number C | | |
| City COLUMBIA | State MO | Zip Code 65202-6267 | Amount of Each Disbursement this Period 650.00 | | |
| Purpose of Disbursement EXPENSE REIMBURSEMENT | | Category/ Type 001 | Transaction ID : B778F6A9FE3284ACF987 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. SOUND CONNECTION | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025 | | |
| Mailing Address 207 E TRADE ST | | | FEC Identification Number C | | |
| City FOREST CITY | State NC | Zip Code 28043-3122 | Amount of Each Disbursement this Period 650.00 | | |
| Purpose of Disbursement EVENT ENTERTAINMENT | | Category/ Type 001 | Transaction ID : B158659FA163F4E29ABE | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1124.40 |
| 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 22 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ONE STOP PRINTERS | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2025 | |
| Mailing Address 9648 9TH AVE #1 | | | FEC Identification Number C | |
| City HESPERIA | State CA | Zip Code 92345-3471 | Amount of Each Disbursement this Period 419.01 | |
| Purpose of Disbursement PRINTING | | Category/ Type 001 | Transaction ID : B97D063C7158A4A3CADB | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. SAME DAY PROCESSING | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025 | |
| Mailing Address 502 6TH ST | | | FEC Identification Number C | |
| City HUDSON | State WI | Zip Code 54016-1783 | Amount of Each Disbursement this Period 655.00 | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type 001 | Transaction ID : B9AEAB3B0CDD94CEC850 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. SAME DAY PROCESSING | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025 | |
| Mailing Address 502 6TH ST | | | FEC Identification Number C | |
| City HUDSON | State WI | Zip Code 54016-1783 | Amount of Each Disbursement this Period 555.00 | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type 001 | Transaction ID : B0E7170499F404F18814 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 1629.01 |
| 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 23 OF 29 | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SPECTRUM | | Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2025 |
| Mailing Address P.O. BOX 740397 | | FEC Identification Number C |
| City CINCINNATI | State OH | Zip Code 45274-0397 |
| Purpose of Disbursement INTERNET | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 258.95 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : B41C59A00F2604084990 <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025 |
| Mailing Address 65 MERRIMON AVE | | FEC Identification Number C |
| City ASHEVILLE | State NC | Zip Code 28801-2322 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 244.78 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : B92469B81025B40938FF <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. STAPLES | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2025 |
| Mailing Address 65 MERRIMON AVE | | FEC Identification Number C |
| City ASHEVILLE | State NC | Zip Code 28801-2322 |
| Purpose of Disbursement OFFICE SUPPLIES | Category/ Type 001 | |
| Candidate Name | | Amount of Each Disbursement this Period 38.42 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Transaction ID : B654B533094D44E7F934 <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 542.15 |
| 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 24 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025 | | |
| Mailing Address 65 MERRIMON AVE | | | FEC Identification Number C | | |
| City ASHEVILLE | State NC | Zip Code 28801-2322 | Amount of Each Disbursement this Period 291.02 | | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type 001 | Transaction ID : B52365697AE784B3F9F0 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. UBER | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025 | | |
| Mailing Address 1725 3RD ST | | | FEC Identification Number C | | |
| City SAN FRANCISCO | State CA | Zip Code 94158-2203 | Amount of Each Disbursement this Period 47.73 | | |
| Purpose of Disbursement TRAVEL | | Category/ Type 001 | Transaction ID : BBDD550FE61914D19AB3 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. UBER | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025 | | |
| Mailing Address 1725 3RD ST | | | FEC Identification Number C | | |
| City SAN FRANCISCO | State CA | Zip Code 94158-2203 | Amount of Each Disbursement this Period 46.30 | | |
| Purpose of Disbursement TRAVEL | | Category/ Type 001 | Transaction ID : B466AED50F42A4092944 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 385.05 |
| 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) | | PAGE 25 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. UBER | | M M / D D / Y Y Y Y 10 / 31 / 2025 |
| Mailing Address 1725 3RD ST | | FEC Identification Number |
| City SAN FRANCISCO | State CA | Zip Code 94158-2203 |
| Purpose of Disbursement TRAVEL | 001 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 32.86 |
| State: District: | Transaction ID : B8370DD34775C4B2DB5E | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. USPS | | M M / D D / Y Y Y Y 12 / 03 / 2025 |
| Mailing Address 475 L'ENFANT PLAZA SW | | FEC Identification Number |
| City WASHINGTON | State DC | Zip Code 20260-0001 |
| Purpose of Disbursement SHIPPING & POSTAGE | 001 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 1747.20 |
| State: District: | Transaction ID : BDB51CD5B1FF64ED1A87 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. VISTAPRINT | | M M / D D / Y Y Y Y 11 / 24 / 2025 |
| Mailing Address 275 WYMAN STREET | | FEC Identification Number |
| City WALTHAM | State MA | Zip Code 02451-1220 |
| Purpose of Disbursement FOOD AND BEVERAGE | 001 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 312.53 |
| State: District: | Transaction ID : B7624201D6BBB42C1811 | |
| | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2092.59 |
| 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 26 OF 29 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. WIGGINS, AMANDA, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025 | |
| Mailing Address PO BOX 1159 | | | FEC Identification Number C | |
| City FAIRVIEW | State NC | Zip Code 28730-1159 | Amount of Each Disbursement this Period 240.00 | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : B3CD8C0DDFC9E42EF9D0 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2025 | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period 146.83 | |
| Purpose of Disbursement CREDIT CARD FEES | | Category/ Type 001 | Transaction ID : BA931CB3AFC904402AD5 | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. WRAY, BRIAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025 | |
| Mailing Address 1361 PRESSLEY DR | | | FEC Identification Number C | |
| City LINCOLNTON | State NC | Zip Code 28092-7909 | Amount of Each Disbursement this Period 6000.00 | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : BC6739FC010F34BB085A | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 6386.83 |
| 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 27 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. WRAY, BRIAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025 | | |
| Mailing Address 1361 PRESSLEY DR | | | FEC Identification Number C | | |
| City LINCOLNTON | State NC | Zip Code 28092-7909 | Amount of Each Disbursement this Period 3000.00 | | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : BED738AC53C2648E89B9 | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. WRAY, BRIAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025 | | |
| Mailing Address 1361 PRESSLEY DR | | | FEC Identification Number C | | |
| City LINCOLNTON | State NC | Zip Code 28092-7909 | Amount of Each Disbursement this Period 3000.00 | | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : B4914CA30FE624B96ADF | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. WRAY, BRIAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025 | | |
| Mailing Address 1361 PRESSLEY DR | | | FEC Identification Number C | | |
| City LINCOLNTON | State NC | Zip Code 28092-7909 | Amount of Each Disbursement this Period 3000.00 | | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : BD8F95141A31C41CDAFB | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 9000.00 |
| 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) | PAGE 28 OF 29 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. WRAY, BRIAN, , , | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025 | | |
| Mailing Address 1361 PRESSLEY DR | | | FEC Identification Number C | | |
| City LINCOLNTON | State NC | Zip Code 28092-7909 | Amount of Each Disbursement this Period 3000.00 | | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type 001 | Transaction ID : B9F81BBB0E98542D8B7C | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |
| State: District: | | | | | |

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

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

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | 32170.85 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 29 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ADAM R. SMITH FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JACKSON COUNTY GOP | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025 |
| Mailing Address 40 W SYLVA SHOPPING AREA | | FEC Identification Number C |
| City SYLVA | State NC | Zip Code 28779-5264 |
| Purpose of Disbursement DONATION | 012 | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period 390.94 | |
| Transaction ID : B2FE5F03FB80A49D5A68 | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. POLK COUNTY REPUBLICAN PARTY | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025 |
| Mailing Address 33 S PEAK ST | | FEC Identification Number C |
| City COLUMBUS | State NC | Zip Code 28722 |
| Purpose of Disbursement DONATION | 012 | |
| Candidate Name POLK COUNTY REPUBLICAN PARTY | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period 1000.00 | |
| Transaction ID : BEA62A2ADEF554BE3BFB | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. TRANSYLVANIA COUNTY REPUBLICAN PARTY | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025 |
| Mailing Address 470 ASHEVILLE HWY STE G | | FEC Identification Number C |
| City BREVARD | State NC | Zip Code 28712-5146 |
| Purpose of Disbursement DONATION | 012 | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Amount of Each Disbursement this Period 250.00 | |
| Transaction ID : B4D255B1A9D80471FAD7 | | <input type="checkbox"/> Memo Item |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1640.94 |
| TOTAL This Period (last page this line number only).....▶ | 1640.94 |