

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Chris Smith																						
ADDRESS (number and street) PO Box 3184																						
CITY Hamilton		STATE NJ		ZIP CODE 08619-0184																		
2. NAME OF CANDIDATE Smith, Christopher, H, ,		3. OFFICE SOUGHT (State and District) House NJ 04		4. FEC IDENTIFICATION NUMBER C00096412																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">A. FULL NAME Chang, Gordon, , Mr.,</td> <td>Name of Employer Self</td> <td>Date (month, day, year) 05/20/2022</td> <td>Amount 2000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 5 Tory Ct</td> <td>Transaction ID : 64403112F7C404C55</td> <td></td> <td></td> </tr> <tr> <td>CITY Bedminster</td> <td>STATE NJ</td> <td>ZIP CODE 07921-1817</td> <td>Occupation Writer</td> <td></td> <td></td> </tr> </table>					A. FULL NAME Chang, Gordon, , Mr.,			Name of Employer Self	Date (month, day, year) 05/20/2022	Amount 2000.00	MAILING ADDRESS 5 Tory Ct			Transaction ID : 64403112F7C404C55			CITY Bedminster	STATE NJ	ZIP CODE 07921-1817	Occupation Writer		
A. FULL NAME Chang, Gordon, , Mr.,			Name of Employer Self	Date (month, day, year) 05/20/2022	Amount 2000.00																	
MAILING ADDRESS 5 Tory Ct			Transaction ID : 64403112F7C404C55																			
CITY Bedminster	STATE NJ	ZIP CODE 07921-1817	Occupation Writer																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">B. FULL NAME NECA PAC</td> <td>Name of Employer</td> <td>Date (month, day, year) 05/20/2022</td> <td>Amount 2500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS Kristen McDonough, Legislative Aff 3 Bethesda Metro Center</td> <td>Transaction ID : 643A028C01B0E4B41</td> <td></td> <td></td> </tr> <tr> <td>CITY Bethesda</td> <td>STATE MD</td> <td>ZIP CODE 20814-5372</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					B. FULL NAME NECA PAC			Name of Employer	Date (month, day, year) 05/20/2022	Amount 2500.00	MAILING ADDRESS Kristen McDonough, Legislative Aff 3 Bethesda Metro Center			Transaction ID : 643A028C01B0E4B41			CITY Bethesda	STATE MD	ZIP CODE 20814-5372	Occupation		
B. FULL NAME NECA PAC			Name of Employer	Date (month, day, year) 05/20/2022	Amount 2500.00																	
MAILING ADDRESS Kristen McDonough, Legislative Aff 3 Bethesda Metro Center			Transaction ID : 643A028C01B0E4B41																			
CITY Bethesda	STATE MD	ZIP CODE 20814-5372	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">C. FULL NAME AAJ PAC</td> <td>Name of Employer</td> <td>Date (month, day, year) 05/21/2022</td> <td>Amount 1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS 777 6th St NW Ste 200</td> <td>Transaction ID : 6CF13EF8B04F748E3</td> <td></td> <td></td> </tr> <tr> <td>CITY Washington</td> <td>STATE DC</td> <td>ZIP CODE 20001-3707</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					C. FULL NAME AAJ PAC			Name of Employer	Date (month, day, year) 05/21/2022	Amount 1000.00	MAILING ADDRESS 777 6th St NW Ste 200			Transaction ID : 6CF13EF8B04F748E3			CITY Washington	STATE DC	ZIP CODE 20001-3707	Occupation		
C. FULL NAME AAJ PAC			Name of Employer	Date (month, day, year) 05/21/2022	Amount 1000.00																	
MAILING ADDRESS 777 6th St NW Ste 200			Transaction ID : 6CF13EF8B04F748E3																			
CITY Washington	STATE DC	ZIP CODE 20001-3707	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">D. FULL NAME</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">E. FULL NAME</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>Occupation</td> <td></td> <td></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) Roldan, Mary, , ,			DATE 05/21/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																		
[Electronically Filed]																						

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F6N

Transaction ID :

According to FEC regulations, the Threshold Amount for Form 6 is \$1,000.00

Form/Schedule:

Transaction ID: