

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TOM SMITH FOR CONGRESS

ADDRESS (number and street)

12745 S SAGINAW ST

STE 806

Check if different
than previously
reported. (ACC)

GRAND BLANC

MI

48439-2438

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00951830

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

08

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 03 / 2026in the
State of

MI

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2026

through

M M / D D / Y Y Y Y
10 / 14 / 2026*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 KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 22 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

PAGE 2 / 14

Write or Type Committee Name

TOM SMITH FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2026

To:

M M / D D / Y Y Y Y
10 14 2026

	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))....	10977.83	35885.09
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10977.83	35885.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	156198.60	230139.56
(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))	156198.60	230139.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	85065.96	
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)	7600.00	

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)

PAGE 3 / 14

Write or Type Committee Name

TOM SMITH FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2026

To:

M M / D D / Y Y Y Y
10 14 2026**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).....

6200.00

13406.15

(ii) Unitemized

2777.83

6473.94

(iii) TOTAL of contributions
from individuals ▶

8977.83

19880.09

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

2000.00

16000.00

(d) The Candidate

0.00

5.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

10977.83

35885.09

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

279720.21

13. LOANS:

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

0.00

7600.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

7600.00

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

0.00

0.00

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

0.00

0.22

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

10977.83

323205.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	156198.60	230139.56
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	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	4000.00	8000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	160198.60	238139.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	234286.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10977.83
25. SUBTOTAL (add Line 23 and Line 24).....	245264.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	160198.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	85065.96

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

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

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)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COLLINS, JANE, , ,
Mailing Address 3740 WHITE TRILLIUM DR ECity
SAGINAWState
MIZip Code
48603FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIREDReceipt 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
10 02 2026

Transaction ID : A7E29676BEE564430A54

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GLEASON, GEORGE, , ,
Mailing Address 7 SAINT-CLOUD CIRCLECity
LITTLE ROCKState
ARZip Code
72223FEC ID number of contributing
federal political committee.

C

Name of Employer
BANK OZKOccupation
CHAIRMAN AND CEOReceipt For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 02 2026

Transaction ID : A9D9ACCA06B3C412F801

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOGGINS, CYNTHIA, J., MS.,
Mailing Address 307 GOODLETTE-FRANK RD S
APT 201BCity
NAPLESState
FLZip Code
34102-6440FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIREDReceipt 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
10 13 2026

Transaction ID : AD3D3469FF3EA46ABA2B

Amount of Each Receipt this Period

500.00

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 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)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOGGINS, JOSEPH, L., MR.,

Mailing Address 6378 N MCKINLEY RD

City

FLUSHING

State

MI

Zip Code

48433-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
10 13 2026

Transaction ID : A44A8B31FBFEE48B9816

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KELLY, TIMOTHY, P., MR.,

Mailing Address 25 BENTON RD

City

SAGINAW

State

MI

Zip Code

48602-1945

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF MICHIGAN

Occupation

STATE REPRESENTATIVE

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 13 2026

Transaction ID : AE743D9F439FE4107A9C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MORRISON, DAVID, G., MR.,

Mailing Address 5311 DUFFIELD RD

City

FLUSHING

State

MI

Zip Code

48433-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRIMEDX HOLDINGS, LLC

Occupation

RADIATION ONCOLOGY SERVICES

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 13 2026

Transaction ID : A14BC0B8098B04393AF1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☒ 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)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PARILLO, TAMMERA, D., MS.,
Mailing Address 3010 HAWTHORNE DR

City
FLINT

State
MI

Zip Code
48503-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2026
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 13 2026

Transaction ID : AB58A9134B7E342EA8A4

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WITT, TERESA, GOGGINS, MRS.,
Mailing Address 1136 E MAIN ST

City
FLUSHING

State
MI

Zip Code
48433-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

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
10 13 2026

Transaction ID : A34C1C39A2E40410F8C2

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.
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)..... ▶

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

900.00

6200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☐ 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)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAREY FOR CONGRESS

Mailing Address PO BOX 16032

City
COLUMBUS

State
OH

Zip Code
43216-6032

FEC ID number of contributing
federal political committee.

C C00779603

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 13 2026

Transaction ID : A3720C1CA930B448BAA5

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

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

2000.00

2000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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

NAME OF COMMITTEE (In Full)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2026

City
NEW ORLEANSState
LAZip Code
70112-1251Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

181.00

Transaction ID : B79AAA438640342EE9B2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2026

City
NEW ORLEANSState
LAZip Code
70112-1251Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

32.10

Transaction ID : B4CC3C267BD1B447E9C7

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2026

City
NEW ORLEANSState
LAZip Code
70112-1251Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

8.30

Transaction ID : BCF194207F86840B1B5D

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

221.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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

NAME OF COMMITTEE (In Full)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HONEY FOX STRATEGIES

Mailing Address 1143 CROFTON LN

City
UPPERVILLEState
VAZip Code
20184-1727Purpose of Disbursement
DIGITAL MARKETING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

649.37

Transaction ID : BD62A2068DB364FF29E2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HONEY FOX STRATEGIES

Mailing Address 1143 CROFTON LN

City
UPPERVILLEState
VAZip Code
20184-1727Purpose of Disbursement
DIGITAL MARKETING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

31.04

Transaction ID : BAE46A556E10C4B8D89C

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MEDIUM BUYINGMailing Address 1100 DENNISON AVE
UNIT BCity
COLUMBUSState
OHZip Code
43201-4420Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

150100.00

Transaction ID : B14F7140C332F4744AE1

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150780.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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

NAME OF COMMITTEE (In Full)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE

City
ATHENSState
GAZip Code
30606Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2026			

FEC Identification Number

C

Amount of Each Disbursement this Period

5081.36

Transaction ID : B70C85D618E794017A13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5081.36

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

156083.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

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

NAME OF COMMITTEE (In Full)

TOM SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAREY FOR CONGRESS

Mailing Address PO BOX 16032

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2026

City
COLUMBUSState
OHZip Code
43216-6032

FEC Identification Number

C C00779603

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : BA7555E64BDC348C6A28

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 15

Full Name (Last, First, Middle Initial)

B. HUSTED FOR SENATE

Mailing Address PO BOX 6290

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2026

City
COLUMBUSState
OHZip Code
43206-0290

FEC Identification Number

C C00896019

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : B95A74159D691431CB18

☐ Memo Item

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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

4000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C58EC6CA598DC47DB8DD

TOM SMITH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SMITH, THOMAS JAMES, MR, ,

Mailing Address
1914 MILLER RD

City

FLINT

State

MI

ZIP Code

48503-4723

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 03 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

3000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD59076852A86455A8EC

TOM SMITH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SMITH, THOMAS JAMES, MR, ,

Mailing Address
1914 MILLER RD

City

FLINT

State

MI

ZIP Code

48503-4723

☒ Personal Funds of the Candidate

Original Amount of Loan

4600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

4600.00

TOTALS This Period (last page in this line only).....▶

7600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.