

**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

SANDY SMITH FOR CONGRESS INC.

ADDRESS (number and street)

PO BOX 434

Check if different
than previously
reported. (ACC)

WINTERVILLE

NC

28590-0434

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00697250

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NC

01

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

in the
State of(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
11 / 29 / 2022

through

M M / D D / Y Y Y Y
12 / 31 / 2022

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

CURTIS, ELIZABETH, , ,

Type or Print Name of Treasurer

Signature of Treasurer

CURTIS, ELIZABETH, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 24 / 2023

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 05/2016)

PAGE 2 / 16

Write or Type Committee Name

SANDY SMITH FOR CONGRESS INC.

Report Covering the Period:

From:

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

To:

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

	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))	1528.64	8225.78
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1528.64	8175.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15022.27	51269.93
(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))	15022.27	51269.93
8. Cash on Hand at Close of Reporting Period (from Line 27)	12791.01	
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)	133435.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 16

Write or Type Committee Name

SANDY SMITH FOR CONGRESS INC.

Report Covering the Period:

From:

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

To:

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

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).....

135.00

1985.00

(ii) Unitemized.....

1393.64

4240.78

(iii) TOTAL of contributions from individuals ▶

1528.64

6225.78

(b) Political Party Committees.....

0.00

0.00

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

0.00

2000.00

(d) The Candidate.....

0.00

0.00

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

1528.64

8225.78

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.)

2694.74

2694.74

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

4223.38

10920.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15022.27	51269.93
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	50.00
(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	50.00
21. OTHER DISBURSEMENTS	0.00	24.21
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15022.27	51344.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23589.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4223.38
25. SUBTOTAL (add Line 23 and Line 24).....	27813.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15022.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12791.01

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 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) BAKER, RONDA, K, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 26 2022	
Mailing Address 11888 HWY. 251			Transaction ID : AA139AA5B1FB6458A99E	
City POCAHONTAS	State AR	Zip Code 72455	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 220.00		
B. Full Name (Last, First, Middle Initial) CLAYBAUGH, WILLIAM, J, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 18 2022	
Mailing Address 56641 858TH RD PO BOX 216			Transaction ID : A7EB9F6E5BD5342F2AA6	
City CARROLL	State NE	Zip Code 68723	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer TWJ FARMS		Occupation FARMER/RANCHER		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 205.00		
C. Full Name (Last, First, Middle Initial) CLAYBAUGH, WILLIAM, J, ,			Date of Receipt M M / D D / Y Y Y Y Y 12 29 2022	
Mailing Address 56641 858TH RD PO BOX 216			Transaction ID : A99D46735337048B2B1E	
City CARROLL	State NE	Zip Code 68723	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer TWJ FARMS		Occupation FARMER/RANCHER		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 240.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			110.00	
TOTAL This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
CLAYBAUGH, WILLIAM, J, ,

Mailing Address 56641 858TH RD
PO BOX 216

City CARROLL State NE Zip Code 68723

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

Name of Employer TWJ FARMS Occupation FARMER/RANCHER

Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2022

Transaction ID : A93467FFA81AE4FE192B

Amount of Each Receipt this Period

25.00

☐ Memo Item

B. 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

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)..... ▶

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

25.00

135.00

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 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2022	
Mailing Address 1420 SPRING HILL RD STE 490			Transaction ID : AEE5B1B7133A841BD8C4	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Receipt this Period 2694.74	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2694.74		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		☐ Memo Item LIST RENTAL INCOME		
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	☐ Memo Item	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	☐ Memo Item	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....			2694.74	
TOTAL This Period (last page this line number only).....			2694.74	

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

PAGE 8 OF 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. ECG DATA CENTER

Mailing Address 1420 SPRING HILL RD

City
MCLEANState
VAZip Code
22102Purpose of Disbursement
MAIL FUNDRAISING DATA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

227.84

Transaction ID : B61E752E7F6E2453A942

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS RD
#240City
FAIRFAXState
VAZip Code
22030-6068Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

213.75

Transaction ID : B7888A25A3DE3431CBB5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANKMailing Address 11325 RANDOM HILLS RD
#240City
FAIRFAXState
VAZip Code
22030-6068Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

72.82

Transaction ID : B4C26D770CC4D4A7F9D5

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

514.41

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 9 OF 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. GO RIGHT STRATEGIES, INC

Mailing Address 4237 ARBOR MILL CIR

City
ORANGE PARKState
FLZip Code
32065Purpose of Disbursement
STRATEGIC MANAGEMENT CONSULTING

Candidate Name

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	1		2	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1325.23

Transaction ID : B7F360FA289CC4E79906

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAWKS, BRANDON, , ,

Mailing Address PO BOX 402

City
SPARTAState
NCZip Code
28675-0402Purpose of Disbursement
FIELDWORK OPERATIONS

Candidate Name

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	2		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BFCE8D6D86B954386802

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVE
#5000City
ATLANTAState
GAZip Code
30308-2172Purpose of Disbursement
EMAIL DISTRIBUTION SERVICES

Candidate Name

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	1		3	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

605.00

Transaction ID : B98D1FC2991024FA3B19

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

3430.23

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 16

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

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMPMailing Address 675 PONCE DE LEON AVE
#5000City
ATLANTAState
GAZip Code
30308-2172Purpose of Disbursement
EMAIL DISTRIBUTION SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

605.00

Transaction ID : B82429CC1CCEC435AB44

☐ Memo Item**B. MDI IMAGING**

Mailing Address 21955 CASCADES PKWY

City
STERLINGState
VAZip Code
20166-9211Purpose of Disbursement
FUNDRAISING MAIL POSTAGE & PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
12	27	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5782.59

Transaction ID : BEEDFF4C4127F4C8DAC3

☐ Memo Item**C. PAC MANAGEMENT SERVICES LLC**Mailing Address 441 N LEE ST
STE 100City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : BD1DF3CA968D24B9CAE4

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

8387.59

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 PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SANDY SMITH FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

A. RED FOX STRATEGIES

Mailing Address PO BOX 3674

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2022

City
FAIRFAXState
VAZip Code
22038-3674

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

974.74

Transaction ID : B8CB229856B26461A829

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. RED FOX STRATEGIES

Mailing Address PO BOX 3674

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2022

City
FAIRFAXState
VAZip Code
22038-3674

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING COMMISSION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

127.59

Transaction ID : BC09A7CE2BAD640A7AB5

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE GROUP

Mailing Address 4128 PEPSI PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2022

City
CHANTILLYState
VAZip Code
20151

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING MAIL CAGING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1234.47

Transaction ID : B692A9C5F62B74361AE1

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

2336.80

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

14669.03

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 16

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC319CBC072B44DF78EC

SANDY SMITH FOR CONGRESS INC.

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

SMITH, SANDY, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 434

City

WINTERVILLE

State

NC

ZIP Code

28590-0434

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 15 D /

Y 2019 Y

M 12 M /

D 31 D /

Y 2024 Y

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).....▶

20000.00

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 13 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : C180DD3D1B8114572B82

SANDY SMITH FOR CONGRESS INC.

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

SMITH, SANDY, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 434

City

WINTERVILLE

State

NC

ZIP Code

28590-0434

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 21 D /

Y 2019 Y

M 12 M /

D 31 D /

Y 2024 Y

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).....▶

10000.00

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)
LOANS

PAGE 14 OF 16

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBF35F1BDE32049E3AE3

SANDY SMITH FOR CONGRESS INC.

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

SMITH, SANDY, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 434

City

WINTERVILLE

State

NC

ZIP Code

28590-0434

☒ Personal Funds of the Candidate

Original Amount of Loan

160000.00

Cumulative Payment To Date

111565.00

Balance Outstanding at Close of This Period

48435.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 30^D

/ Y 2019 Y

M M

/ D D

/ Y NONE Y

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).....▶

48435.00

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 15 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : C86BED1578B724DDBB10

SANDY SMITH FOR CONGRESS INC.

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

SMITH, SANDY, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 434

City

WINTERVILLE

State

NC

ZIP Code

28590-0434

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

150000.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 30 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

50000.00

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)
LOANS

PAGE 16 OF 16

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBB49386FE2A64956BEE

SANDY SMITH FOR CONGRESS INC.

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

SMITH, SANDY, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 434

City

State

ZIP Code

WINTERVILLE

NC

28590-0434

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

5000.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 02^D

Y 2019 Y

M M

D D

Y NONE Y

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).....▶

5000.00

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

133435.00

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