

# 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

ADAM R. SMITH FOR CONGRESS

ADDRESS (number and street)  Check if different than previously reported. (ACC)

15 KRISTIE SCOTT LN  
STE 2  
FAIRVIEW NC 28730-8738

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**  C C00920538

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

STATE DISTRICT  
NC

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 11 / 03 / 2026 in the State of NC

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

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

Election on / / in the State of

5. Covering Period 01 / 01 / 2026 through 02 / 11 / 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 DATWYLER, THOMAS, C, ,

Signature of Treasurer DATWYLER, THOMAS, C, , Date 02 / 19 / 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.

## 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 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 11 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	23805.00	66511.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	23805.00	66211.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	18695.52	57298.60
(b) Total Offsets to Operating Expenditures (from Line 14) .....	13.46	13.46
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	18682.06	57285.14
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>		
	6284.92	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	0.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22530.00	49305.00
(ii) Unitemized .....	1275.00	7206.00
(iii) TOTAL of contributions from individuals .....	23805.00	56511.00
(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))..	23805.00	66511.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	13.46	13.46
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	23818.46	66524.46

**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.....	18695.52	57298.60
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	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)).....	0.00	300.00
21. OTHER DISBURSEMENTS .....	1000.00	2640.94
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19695.52	60239.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2161.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23818.46
25. SUBTOTAL (add Line 23 and Line 24).....	25980.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19695.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6284.92

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 28  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
CALLAWAY, DOROTHY, J., ,

Mailing Address 1487 STEPP MILL RD

City HENDERSONVILLE State NC Zip Code 28792-0493

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 16 / 2026

Transaction ID : AE00DD46F2EDA444A97D

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
COCHRAN, GREGORY, K., ,

Mailing Address 6404 OLD HENDERSONVILLE HWY

City PISGAH FOREST State NC Zip Code 28768-8851

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation REAL ESTATE INVESTOR

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  
01 / 16 / 2026

Transaction ID : A6ABCBC35F7C84A3D985

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
HARRIS, GARY, , ,

Mailing Address 54 DOVER LN

City BREVARD State NC Zip Code 28712

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 01 / 2026

Transaction ID : AFC436D94BDF24C978EC

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2500.00

# 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 28	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)  
MAFRIGE, DAVID Z., , ,

Mailing Address 1250 WOOD BRANCH PARK DR  
STE 100

City HOUSTON	State TX	Zip Code 77079
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED	Occupation COM. REAL ESTATE INVESTOR
-----------------------------------	---

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M M / D D / Y Y Y Y Y Y
01 / 06 / 2026

Transaction ID : **A5CF2071CE6724AAD874**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
MAFRIGE, DAVID Z., , ,

Mailing Address 1250 WOOD BRANCH PARK DR  
STE 100

City HOUSTON	State TX	Zip Code 77079
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED	Occupation COM. REAL ESTATE INVESTOR
-----------------------------------	---

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M M / D D / Y Y Y Y Y Y
01 / 06 / 2026

Transaction ID : **AF3315D46C51645F89B1**

Amount of Each Receipt this Period

Memo Item  
 REATTRIBUTION FROM

**C.** Full Name (Last, First, Middle Initial)  
MAFRIGE, LYNNETTE, W, ,

Mailing Address 1250 WOOD BRANCH PARK DR

City HOUSTON	State TX	Zip Code 77079-1204
-----------------	-------------	------------------------

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  

M M / D D / Y Y Y Y Y Y
01 / 06 / 2026

Transaction ID : **AD7D6EA1311ED45A6972**

Amount of Each Receipt this Period

Memo Item  
 REATTRIBUTION TO

**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 28  
(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)  
MASHBURN, JOSHUA, , ,

Mailing Address 92 LANNING DR

City WAYNESVILLE State NC Zip Code 28786

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 01 / 2026

Transaction ID : AF4E53AD5BC1F4D5CB5E

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
MILLER, JAIME, , ,

Mailing Address 1418 SUGARFORK RD

City FRANKLIN State NC Zip Code 28734

FEC ID number of contributing federal political committee. C

Name of Employer MADISON'S Occupation FOH

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2026

Transaction ID : AE87A7A56B2F3467887A

Amount of Each Receipt this Period  
520.00

Memo Item

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

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 RETIRED Occupation RETIRED

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  
02 / 03 / 2026

Transaction ID : AEA13642C5554068B02

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1570.00

**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 28  
(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)  
RAMSEY, JASON, , ,

Mailing Address 201 FORTUNE RD

City BREVARD State NC Zip Code 28712

FEC ID number of contributing federal political committee. C

Name of Employer RAGNAR Occupation MANAGER

Receipt 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  
01 / 16 / 2026

Transaction ID : AC82A63A835304BF8BD1

Amount of Each Receipt this Period  
7000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
RAY, RAMON, , ,

Mailing Address 14 STATION DRIVE

City WOODBRIDGE TOWNSHI State NJ Zip Code 07001

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation SPEAKER

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  
01 / 15 / 2026

Transaction ID : ADE2416345D414DCFCAD

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
SANKEY, HARVEY, , ,

Mailing Address 51 LAKE HOUSE TRAIL

City BREVARD State NC Zip Code 28712-3092

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  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2026

Transaction ID : A9B532F72139E4C4894B

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7550.00

**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 28  
(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)  
SCHUNKE, NEIL, , ,

Mailing Address 1740 ZION HILL RD

City MARION State NC Zip Code 28752

FEC ID number of contributing federal political committee. C

Name of Employer SCHUNKE ENTERPRISES Occupation ENGINEER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2026

Transaction ID : A0B5843BA573E4297A37

Amount of Each Receipt this Period  
260.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
SNARSKI, JEREMY, , ,

Mailing Address 34105 N 44TH PL

City CAVE CREEK State AZ Zip Code 85331

FEC ID number of contributing federal political committee. C

Name of Employer ZEBRA TECHNOLOGIES CORP. Occupation SR. MPS LEAD

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  
01 / 27 / 2026

Transaction ID : A91A6566083E143D0835

Amount of Each Receipt this Period  
1000.00

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2026

Transaction ID : AF8D64CEC5848484AA83

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1360.00

**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 28  
(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)  
SUSANNE, SUSANNE, , ,

Mailing Address 601 SENCA PARK

City LEANDER State TX Zip Code 78641

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2026

Transaction ID : AC374928E3A9C4581BA9

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
WELLS, DANIEL, , ,

Mailing Address 612 RANSOM RD

City SALUDA State NC Zip Code 28773-8626

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  
M M / D D / Y Y Y Y Y Y  
01 / 26 / 2026

Transaction ID : AE2530E75C03445A1A93

Amount of Each Receipt this Period  
500.00

Memo Item

**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 ▼  
3150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2026

Transaction ID : A547B750F30B347B6A9F

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 28  
(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 ▼  
3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 18 2026

Transaction ID : A3A105837698E4379BEA

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	22530.00

# 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 28	
	<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. ALLISON OUTDOOR ADVERTISING**

Mailing Address 35 OUTDOOR DR

City SYLVA State NC Zip Code 28779-2842

Purpose of Disbursement ADVERTISING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 02 / 06 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Transaction ID : B24D08425B1DE4CBFBD7

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70112-1251

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 06 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 280.30

Transaction ID : B726020C64D4340A5BF5

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70112-1251

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 18 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 362.50

Transaction ID : B7E2E31328CB44774B95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2142.80

**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 28			
	<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**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1340 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70112-1251

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 20 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 40.30

Transaction ID : BB263189BF1E04DD4819

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1340 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70112-1251

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 21 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4.30

Transaction ID : B16925C9DAD9F45EEA60

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1340 POYDRAS ST

City NEW ORLEANS State LA Zip Code 70112-1251

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 28 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 55.30

Transaction ID : B6775F1D92DBE489E8E5

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 99.90

**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 14 OF 28			
	<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) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2026
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 6.90	
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 : <b>BB6D0DE20D6C949CAA71</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2026
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 46.90	
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 : <b>B2551B6AAF5FC42A8952</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
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 : <b>B7873DFF02953414B8B0</b>
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	59.40
<b>TOTAL</b> 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 28			
	<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) <b>A. ANEDOT</b>			Date of Disbursement MM / DD / YYYY 02 / 07 / 2026		
Mailing Address 1340 POYDRAS ST			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 2.60		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B8A619F2F5FA84A86B59		
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>B. ANEDOT</b>			Date of Disbursement MM / DD / YYYY 02 / 11 / 2026		
Mailing Address 1340 POYDRAS ST			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 2.30		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BDDFDDDC2FB74BEAA22		
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>C. APPLE</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2026		
Mailing Address ONE APPLE PARK WAY			FEC Identification Number C		
City CUPERTINO	State CA	Zip Code 95014-0642	Amount of Each Disbursement this Period 52.75		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B31FE4F9F209B4CEEA85		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	57.65
<b>TOTAL</b> 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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**ADAM R. SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. APPLE</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address ONE APPLE PARK WAY			FEC Identification Number C
City CUPERTINO	State CA	Zip Code 95014-0642	Amount of Each Disbursement this Period 52.75
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B0C2F06DE98444756991
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1025 LENOX PARK BLVD NE			FEC Identification Number C
City BROOKHAVEN	State GA	Zip Code 30319-5309	Amount of Each Disbursement this Period 546.58
Purpose of Disbursement UTILITIES		Category/ Type 001	Transaction ID : B428E1E6895234C1C8DF
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 7601 PENN AVE S			FEC Identification Number C
City RICHFIELD	State MN	Zip Code 55423-8500	Amount of Each Disbursement this Period 144.72
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : BFC0BE78FBFB14B50A43
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	744.05
<b>TOTAL</b> 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 28	
	<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) <b>A. BP</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
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 80.09	
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 : B70DDE319B2EA4E6A9E7 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FIRST RESOURCE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 7449 VILLAGE DR		FEC Identification Number C
City LINO LAKES	State MN	Zip Code 55014-1181
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 17.00	
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) ▼	
State: District:	Transaction ID : BD2F994A1F68F4B478CB <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
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 206.10	
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 : B74567C1A77AB455FAEC <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	303.19
<b>TOTAL</b> 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 28			
	<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) <b>A. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
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 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 : BA73701836D0941739CE
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
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 211.20
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 : B485F204640EB4372A39
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
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 24.60
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 : BE25A30901F9C4032961
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	260.20
<b>TOTAL</b> 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 28	
	<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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : B3C85C7B61221448AB45

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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 73.71

Transaction ID : B94DCB8FFAFB84F1CB9D

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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.82

Transaction ID : BEC1889BC7F6A4A00AD8

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1086.53

**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 28	
	<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	
<b>A. GULF OIL</b>		M M / D D / Y Y Y Y 01 / 21 / 2026	
Mailing Address 80 WILLIAM ST STE 400		FEC Identification Number	
City WELLESLEY	State MA	C	
Zip Code 02481-3705	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period	
	001	74.00	
Candidate Name	Category/Type	Transaction ID : BFF36AD55793447A7B68	
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) ▼	<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. GULF OIL</b>		M M / D D / Y Y Y Y 01 / 26 / 2026	
Mailing Address 80 WILLIAM ST STE 400		FEC Identification Number	
City WELLESLEY	State MA	C	
Zip Code 02481-3705	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period	
	001	57.52	
Candidate Name	Category/Type	Transaction ID : BFC7BD3CED2FB42AC9C8	
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) ▼	<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. GULF OIL</b>		M M / D D / Y Y Y Y 01 / 30 / 2026	
Mailing Address 80 WILLIAM ST STE 400		FEC Identification Number	
City WELLESLEY	State MA	C	
Zip Code 02481-3705	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period	
	001	70.00	
Candidate Name	Category/Type	Transaction ID : B84301FD7D4384E3897C	
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) ▼	<input type="checkbox"/> Memo Item	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	201.52
<b>TOTAL</b> 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 28			
	<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 M M / D D / Y Y Y Y  
02 / 02 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 24.03

Transaction ID : B8A0C257C9FFD4EE29C4

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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
02 / 02 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 74.00

Transaction ID : B983EA37926EE4E9EBF7

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 Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
02 / 09 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 15.60

Transaction ID : B9659F07ED1164721A9F

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 113.63

**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 28	
	<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) <b>A. IMPRINT.COM</b>			Date of Disbursement MM / DD / YYYY 01 / 13 / 2026	
Mailing Address 14550 BEECHNUT ST			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77083-5741	Amount of Each Disbursement this Period 889.01	
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : B2580121E77FC4CD2A96	
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>B. IMPRINT.COM</b>			Date of Disbursement MM / DD / YYYY 01 / 13 / 2026	
Mailing Address 14550 BEECHNUT ST			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77083-5741	Amount of Each Disbursement this Period 625.95	
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : BCF46570BAD69488BA5B	
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>C. IMPRINT.COM</b>			Date of Disbursement MM / DD / YYYY 01 / 21 / 2026	
Mailing Address 14550 BEECHNUT ST			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77083-5741	Amount of Each Disbursement this Period 42.80	
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : BC09C04E94EF44D3A940	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1557.76
<b>TOTAL</b> 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 28	
	<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) <b>A. IMPRINT.COM</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2026
Mailing Address 14550 BEECHNUT ST		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77083-5741
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 85.40	
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) ▼	
State: District:	Transaction ID : <b>BD2A63A07D181487CA35</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SAME DAY PROCESSING</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
Mailing Address 502 6TH ST		FEC Identification Number C
City HUDSON	State WI	Zip Code 54016-1783
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 555.00	
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) ▼	
State: District:	Transaction ID : <b>B2CDF659141854CF5A94</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SAME DAY PROCESSING</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2026
Mailing Address 502 6TH ST		FEC Identification Number C
City HUDSON	State WI	Zip Code 54016-1783
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 555.00	
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) ▼	
State: District:	Transaction ID : <b>B42285F9C5F5A4825AA1</b> <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1195.40
<b>TOTAL</b> 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 28	
	<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) <b>A. STONINGTON RESEARCH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2026	
Mailing Address 219 JUNUS JACKSON HOLLOW RD			FEC Identification Number C	
City MINOR HILL	State TN	Zip Code 38473-5009	Amount of Each Disbursement this Period 850.00	
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type 001	Transaction ID : B18359D14E5004AF88A2	
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>B. STRICKLAND BROTHERS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 704 DELLWOOD CITY RD			FEC Identification Number C	
City WAYNESVILLE	State NC	Zip Code 28786	Amount of Each Disbursement this Period 257.76	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B670B5D967DFB4418A8C	
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>C. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 1725 3RD ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94158-2203	Amount of Each Disbursement this Period 121.98	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : BAA9123E694BD4DE7AD8	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1229.74
<b>TOTAL</b> 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 28	
	<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) <b>A. UBER</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 13.46	
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 : BBEB10F48E53D4DD68C9
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 193.98	
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 : BEF48F360CBE942C182F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 15.00	
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 : BA43167A04B394789B97
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	222.44
<b>TOTAL</b> 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 28	
	<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) <b>A. UBER</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 37.99	
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 : BEFD4AD388CA7402E923
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026
Mailing Address 475 L'ENFANT PLAZA SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement SHIPPING & POSTAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 12.85	
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 : B94DEE5820A2B4904B71
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WRAY, BRIAN, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2026
Mailing Address 1361 PRESSLEY DR		FEC Identification Number C
City LINCOLNTON	State NC	Zip Code 28092-7909
Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
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 : B1668ED26B5354619B3E
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3050.84
<b>TOTAL</b> 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 28	
	<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) <b>A. WRAY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026	
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 : B7A9C6612ED8B4F37A9D	
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>B. WRAY, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
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 : BE4579667367948D9AE1	
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>C.</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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18325.05

# 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 28	
	<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) <b>A. POLK COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 33 S PEAK ST		FEC Identification Number C
City COLUMBUS	State NC	Zip Code 28722
Purpose of Disbursement DONATION	Category/Type 012	
Candidate Name POLK COUNTY REPUBLICAN PARTY	Amount of Each Disbursement this Period 1000.00	
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:	Transaction ID : BF4F99828B4FB4F8F9B2 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00