

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Adam Smith for Congress Committee

ADDRESS (number and street) PO Box 23626  
 Check if different than previously reported. (ACC)  
Federal Way WA 98093

2. **FEC IDENTIFICATION NUMBER** C00304709  
**CITY** **STATE** WA **ZIP CODE** WA 09  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 09 19 2006 in the State of WA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 07 01 2006 through 08 30 2006

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 Sarah Hyman

Signature of Treasurer Electronically Filed by Sarah Hyman Date 03 26 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Adam Smith for Congress Committee

Report Covering the Period: From:    To:

|   | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|---|--------------------------------|---|
| <b>6. Net Contributions (other than loans)</b>  |                                |   |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 88151.60                       | 582094.16                                 |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                           | 0.00                                      |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 88151.60                       | 582094.16                                 |
| <b>7. Net Operating Expenditures</b>  |                                |   |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 49132.10                       | 325282.53                                 |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                           | 1454.34                                   |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 49132.10                       | 323828.19                                 |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 479925.95                      |   |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                           |   |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                           |   |

**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

Write or Type Committee Name  
Adam Smith for Congress Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 8 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**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).....

31129.78

225347.92

(ii) Unitemized.....

5657.00

40110.00

(iii) TOTAL of contributions

36786.78

265457.92

from individuals..... ▶

0.00

2046.21

(b) Political Party Committees.....

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

51364.82

314590.03

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

88151.60

582094.16

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

1454.34

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

1573.99

18594.61

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

89725.59

602143.11

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 49132.10                              | 325282.53                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 53732.56                              | 152832.56                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 102864.66                             | 478115.09                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 493065.02 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 89725.59  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 582790.61 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 102864.66 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 479925.95 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Josh Ackil

Mailing Address ITIC  
1250 Eye St. NW, Ste 200

City Washington State DC Zip Code 20005

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

Name of Employer ITIC Occupation VP, Govt Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 269.78

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: C11265

Amount of Each Receipt this Period  
269.78

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: breakfast and room rental

**B.** Full Name (Last, First, Middle Initial)  
John Bechtholt

Mailing Address 1021 Crestwood Lane

City Fircrest State WA Zip Code 98466

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

Name of Employer Tapco Credit Union Occupation Chief Executive Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: C10981

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Priscilla Bell

Mailing Address 22005 6th Ave S  
Apt 312

City Des Moines State WA Zip Code 98198

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

Transaction ID: C11061

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>969.78</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Mary Black   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 05 / 2006 |  |
| Mailing Address 3800 E. McGilvra Street   |   | Transaction ID: C10873                                   |  |
| City State Zip Code<br>Seattle WA 98112-2427  | Amount of Each Receipt this Period<br>250.00  |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer Occupation<br>Homemaker Homemaker  | Election Cycle-to-Date ▼<br>250.00  |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Joan Brashem   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 10 / 2006 |  |
| Mailing Address 3512 C St NW  |   | Transaction ID: C10891                                   |  |
| City State Zip Code<br>Gig Harbor WA 98335  | Amount of Each Receipt this Period<br>100.00  |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer Occupation<br>Retired Retired  | Election Cycle-to-Date ▼<br>300.00  |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> William Britton  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2006 |  |
| Mailing Address 9304 White Top Ave NE   |   | Transaction ID: C10948                                   |  |
| City State Zip Code<br>Lacey WA 98516   | Amount of Each Receipt this Period<br>250.00  |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer Occupation<br>Administrative Law Judge State of Washington   | Election Cycle-to-Date ▼<br>250.00  |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Ann Burns

Mailing Address 28120 187th Ave SE

City State Zip Code  
Kent WA 98042

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

Name of Employer Occupation  
Aero Controls Cfo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

Transaction ID: C11119

Amount of Each Receipt this Period  
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas Campion

Mailing Address 14301 3rd Avenue NW

City State Zip Code  
Seattle WA 98177

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

Name of Employer Occupation  
Zumiez Inc. Ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: C10964

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hugh Carr

Mailing Address 502 10th Ave N

City State Zip Code  
Algona WA 98001

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

Name of Employer Occupation  
Scs Refrigerated Services Executive Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2006

Transaction ID: C10872

Amount of Each Receipt this Period  
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Eric Cederstrand   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 17 / 2006                                    |
| Mailing Address 304 N Stadium Way   |  | Transaction ID: C10990  |
| City State Zip Code<br>Tacoma WA 98403  | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Colliers International  | Occupation<br>Senior VP                      |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ralph Chappell   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 17 / 2006                                    |
| Mailing Address 9504 27th Ave NE  |  | Transaction ID: C11019  |
| City State Zip Code<br>Olympia WA 98516   | Amount of Each Receipt this Period<br>100.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation<br>Retired                        |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>225.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Andy Chen  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 17 / 2006                                    |
| Mailing Address 17020 NE 40th Ct  |   | Transaction ID: C11040  |
| City State Zip Code<br>Redmond WA 98052   | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Aspi Enterprises  | Occupation<br>Executive                       |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 83                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bobby Chen   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 16357 NE 51st St  |   | Transaction ID: C11039  |  |
| City State Zip Code<br>Redmond WA 98052   | Amount of Each Receipt this Period<br>1000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Aspi Enter.   | Occupation<br>Executive                       |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ron Chow   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 6615 Linwood Lane SW  |  | Transaction ID: C11024  |  |
| City State Zip Code<br>Lakewood WA 98499  | Amount of Each Receipt this Period<br>250.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Retail Restaurant Development Llc   | Occupation<br>Director Of Operations         |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>750.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Mark Clirehugh   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 05 / 2006                                      |  |
| Mailing Address 1201 Pacific Ave  |  | Transaction ID: C10859  |  |
| City State Zip Code<br>Tacoma WA 98402  | Amount of Each Receipt this Period<br>250.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Kidder, Mathews, Segner Inc.  | Occupation<br>Vice President                 |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>550.00           |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David Condon

Mailing Address 3712 N 37th St

City Ruston State WA Zip Code 98407

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: C10985

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alan Corwin

Mailing Address 2842 Nisqually View Loop NE

City Olympia State WA Zip Code 98516

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 03 / 2006

Transaction ID: C10958

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Danny Coyne

Mailing Address 7608 78th Loop NW

City Olympia State WA Zip Code 98502

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

Name of Employer Coyne, Jesernig Llc Occupation Gov't Relations Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: C10965

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>650.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph Dacca

Mailing Address PO Box 2654

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Washington State Coordinated Campa Field Organizer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C11022

Amount of Each Receipt this Period  
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robin Denison

Mailing Address 1009 N. 33rd Place

City State Zip Code  
Renton WA 98056

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

Name of Employer Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C10987

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Tim Farrell

Mailing Address 411 N. K Street

City State Zip Code  
Tacoma WA 98403

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

Name of Employer Occupation  
Port Of Tacoma Deputy Executive Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C11011

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 / 83 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Rollin Fatland<br>Mailing Address 111 1st Ave S<br>City State Zip Code<br>Seattle WA 98104<br>FEC ID number of contributing federal political committee. <b>C</b>            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006<br><b>Transaction ID: C11025</b><br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>RF & A Consultant<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 500.00 |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Ellen Fawcett<br>Mailing Address 23025 17th Ave S<br>City State Zip Code<br>Des Moines WA 98198<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006<br><b>Transaction ID: C10980</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Retired<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 400.00     |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Jacob Fey<br>Mailing Address 1406 Browns Point Blvd NE<br>City State Zip Code<br>Tacoma WA 98422-2613<br>FEC ID number of contributing federal political committee. <b>C</b>     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006<br><b>Transaction ID: C10989</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Information Requested<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 300.00 |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Al Franzen   |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 17 / 2006   |
| Mailing Address 1412 Beach Dr NE<br>Unit A  |                                    | <b>Transaction ID:</b> C11010   |
| City Tacoma State WA Zip Code 98422   |                                    | Amount of Each Receipt this Period<br>300.00  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Windermere Real Estate  | Occupation<br>Real Estate Sales    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Eleanor Hadley   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2006   |
| Mailing Address 807 SW 207th PI   |                                    | <b>Transaction ID:</b> C10863   |
| City Normandy Park State WA Zip Code 98166  |                                    | Amount of Each Receipt this Period<br>50.00   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ingrid Hansen  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 12 / 2006   |
| Mailing Address 14639 25th Ave SW   |                                    | <b>Transaction ID:</b> C10897   |
| City Burien State WA Zip Code 98166   |                                    | Amount of Each Receipt this Period<br>50.00   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker            |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>225.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Peter R Harader</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 16 / 2006                                      |  |
| Mailing Address 2100 S 260th St   |                                    | <b>Transaction ID: C10968</b>   |  |
| City State Zip Code<br>Des Moines WA 98198  |                                    | Amount of Each Receipt this Period<br>50.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Usda  | Occupation<br>Ppq Officer          |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>625.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Arne Haynes</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address PO Box 639<br>104 Washington Ave N  |                                    | <b>Transaction ID: C11003</b>   |  |
| City State Zip Code<br>Eatonville WA 98328  |                                    | Amount of Each Receipt this Period<br>200.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>The Rainier Group   | Occupation<br>President & Ceo      |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>700.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Steven Hill</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 5326 Hyada Blvd NE  |   | <b>Transaction ID: C10994</b>   |  |
| City State Zip Code<br>Tacoma WA 98422  |   | Amount of Each Receipt this Period<br>500.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Mercer  | Occupation<br>Human Resource Consultant |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00      |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Bill Hochberg

Mailing Address 222 Third Ave. N.

City Edmonds State WA Zip Code 98020

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
08 / 17 / 2006

Transaction ID: C11002

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sarah Hyman

Mailing Address 1110 N. 28th Street

City Tacoma State WA Zip Code 98403

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

Name of Employer Adam Smith for Congress Occupation Fundraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1035.00

Date of Receipt  
08 / 04 / 2006

Transaction ID: C10960

Amount of Each Receipt this Period  
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Harpreet Jaswal

Mailing Address 28925 6th Ave S

City Federal Way State WA Zip Code 98003

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
08 / 23 / 2006

Transaction ID: C11049

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **535.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. James Kneeland</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address PO Box 862  |                                     | <b>Transaction ID: C11047</b>   |  |
| City Olympia  | State WA                            | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code 98507  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |  |
| Name of Employer Pacific Public Affairs   | Occupation Owner                    |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Larry Kopp</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 16 / 2006                                      |  |
| Mailing Address 1501 Regents Blvd suite 100   |                                    | <b>Transaction ID: C10969</b>   |  |
| City Fircrest   | State WA                           | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code 98466  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Information Requested  | Occupation Information Requested   |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Norm LeMay</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 24 / 2006                                      |  |
| Mailing Address 13502 Pacific Ave   |                                     | <b>Transaction ID: C11053</b>   |  |
| City Tacoma   | State WA                            | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code 98444  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |  |
| Name of Employer Information Requested  | Occupation Information Requested    |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Pamela Lovinger

Mailing Address 1802 Medallion Lp. NW

City Olympia State WA Zip Code 98502

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

Name of Employer State Of Washington, Doh Occupation Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: C10973

Amount of Each Receipt this Period  
175.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Lunde

Mailing Address PO Box 1316

City Milton State WA Zip Code 98354

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

Name of Employer Vadis Occupation Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C10953

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Alice Mailloux

Mailing Address 1816 Pointe Woodworth Dr NE

City Tacoma State WA Zip Code 98422-3466

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

Name of Employer retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

Transaction ID: C10996

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1225.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard May

Mailing Address P. O. Box 972

City State Zip Code  
Blaine WA 98231

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

**Transaction ID: C11036**

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Toby Murray

Mailing Address 11611 Gravelly Lake Dr SW

City State Zip Code  
Tacoma WA 98499

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

Name of Employer Murray Pacific Corporation Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

**Transaction ID: C10861**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Scott Nelson

Mailing Address 1248 Rogers Ct SW

City State Zip Code  
Olympia WA 98502

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

Name of Employer Nexus Communication Occupation Gov't Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

**Transaction ID: C11004**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Bill Neukom

Mailing Address 2120 Waverly Way E

City State Zip Code  
Seattle WA 98112

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

Name of Employer Occupation  
Preston Gates Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

**Transaction ID: C11114**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gary Oakland

Mailing Address 2204 NW 65th St

City State Zip Code  
Seattle WA 98117

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

Name of Employer Occupation  
Boeing Credit Union President/ceo

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

**Transaction ID: C10954**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Patrick Peterson

Mailing Address 7857 Wintercross Ln

City State Zip Code  
Springfield VA 22152

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

Name of Employer Occupation  
Smi Inc. Gov't Affairs

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1350.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

**Transaction ID: C10937**

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 20 / 83                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Kim Putnam   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 822 93rd Ave SE   |                                    | Transaction ID: C11007  |  |
| City Olympia  | State WA                           | Amount of Each Receipt this Period<br>400.00  |  |
| Zip Code 98501  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Putnam And Lieb  | Occupation Attorney                |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>650.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Eric Redman  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 27 / 2006                                      |  |
| Mailing Address 701 Fifth Avenue, 6100 Columbia Ct  |                                     | Transaction ID: C10956  |  |
| City Seattle  | State WA                            | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code 98104  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |  |
| Name of Employer Heller, Ehrman, White, And Mcaulif   | Occupation Attorney                 |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Cliff Ridgway  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 5514 Elizabeth Loop SE  |                                    | Transaction ID: C11012  |  |
| City Auburn   | State WA                           | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code 98092  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Sterling Savings Bank  | Occupation Banker                  |   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>400.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen Rindal Dwyer

Mailing Address PO Box 1265

City Edmonds State WA Zip Code 98020

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

Name of Employer Karen's Bookkeeping Services Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C10976

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sharon Ringley

Mailing Address 10440 Democracy Lane

City Potomac State MD Zip Code 20854

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

Name of Employer Bockorny Petrizzo Occupation consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2006

**Transaction ID:** C10946

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jaqueline Rosenblatt

Mailing Address 9922 View St W

City University Place State WA Zip Code 98466

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

Name of Employer Attorney General Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C10997

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
E. Mary Shirley

Mailing Address P. O. Box 685

City State Zip Code  
Medina WA 98039

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

Name of Employer retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: C10927

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
E. Mary Shirley

Mailing Address P. O. Box 685

City State Zip Code  
Medina WA 98039

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

Name of Employer retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: C10926

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Herb Simon

Mailing Address 12101 Gravelly Lake Dr SW

City State Zip Code  
Tacoma WA 98499

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

Name of Employer Simon Johnson Occupation Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 24 / 2006

Transaction ID: C11046

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Eric Sorenson

Mailing Address 2017 11th Ave E

City State Zip Code  
Seattle WA 98102

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

Name of Employer Strategies 360 Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2006

Transaction ID: C11051

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Timothy Standke

Mailing Address 4115 South L St.

City State Zip Code  
Tacoma WA 98418

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: C10992

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Temple

Mailing Address 2800 18th Ave SE

City State Zip Code  
Olympia WA 98501

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

Name of Employer Putnam And Lee Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

Transaction ID: C11059

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David Thomas

Mailing Address 2815 Rittenhouse St. NW

City Washington State DC Zip Code 20015

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

Name of Employer Mehlman Vogel Castagnetti, Inc. Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

Transaction ID: C10942

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Titus

Mailing Address 23405 164th Ave SE

City Kent State WA Zip Code 98042

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

Name of Employer Aero Controls, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C11063

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Karen Vander Ark

Mailing Address 616 SW 293rd Street

City Federal Way State WA Zip Code 98023

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

Name of Employer Highline Community College Occupation Trustee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2006

Transaction ID: C10929

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen Vander Ark

Mailing Address 616 SW 293rd Street

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Highline Community College Occupation Trustee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

**Transaction ID: C11006**

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Steven Vipond

Mailing Address 802 E Main

City State Zip Code  
Puyallup WA 98371

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2006

**Transaction ID: C10974**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Happy Walia

Mailing Address 130 3rd St NE

City State Zip Code  
Auburn WA 98002

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

Name of Employer Auburn Ave Dental Occupation Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2006

**Transaction ID: C11064**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>A. Jack Warnick  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2006   |
| Mailing Address 4412 N 37th St  |                                    | Transaction ID: C10955  |
| City Tacoma   | State WA                           | Zip Code 98407  |
| FEC ID number of contributing federal political committee. C  |                                    | Amount of Each Receipt this Period<br>50.00   |
| Name of Employer<br>Puget Sound Mfg. Co.  | Occupation<br>President            | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Jack Warnick  |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 25 / 2006   |
| Mailing Address 4412 N 37th St  |                                    | Transaction ID: C11041  |
| City Tacoma   | State WA                           | Zip Code 98407  |
| FEC ID number of contributing federal political committee. C  |                                    | Amount of Each Receipt this Period<br>50.00   |
| Name of Employer<br>Puget Sound Mfg. Co.  | Occupation<br>President            | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Stephen Welch   |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 24 / 2006   |
| Mailing Address 16220 5th Ct NW   |                                     | Transaction ID: C11054  |
| City Shoreline  | State WA                            | Zip Code 98177  |
| FEC ID number of contributing federal political committee. C  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer<br>Todd Pacific Shipyards Corporation  | Occupation<br>Ceo                   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 83                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Westmoreland

Mailing Address 3005 19th Ave.Ct NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2006

Transaction ID: C11052

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ellen Zulauf

Mailing Address 2515 43rd St SE

City State Zip Code  
Puyallup WA 98374

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

Name of Employer Retired Occupation Teacher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

Transaction ID: C11001

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Preston Gates & Ellis LLP

Mailing Address 925 Fourth Avenue, Suite 2900

City State Zip Code  
Seattle WA 98104

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2006

Transaction ID: C11057

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 28 / 83                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Rumbaugh, Rideout Barnett & Adkins

Mailing Address 820 A Street #220  
PO Box 1156

City Tacoma State WA Zip Code 98401

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: C11038

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Stan Rumbaugh

Mailing Address 4564 Heron Ridge Drive NE

City Browns Point State WA Zip Code 98422

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

Name of Employer Occupation  
Rumbaugh, Rideout, Barnett Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: C11259

Amount of Each Receipt this Period  
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 250.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 31129.78 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 29 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Amazon.com SSF

Full Name (Last, First, Middle Initial)  
Mailing Address 126 C Street NW, #3

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2006

**Transaction ID:** C11043

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** American Bankers Association Bankpac

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave Nw

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** C10907

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Cisco Systems, Inc. Federal PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 20 Park Rd

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** C11121

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 30 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Davis Wright Political Action Committee</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 1500 K St Nw  |   | <b>Transaction ID: C11030</b>   |  |
| City State Zip Code<br>Washington DC 20005  | Amount of Each Receipt this Period<br>1000.00     |   |  |
| FEC ID number of contributing federal political committee.<br><b>C C00163238</b>  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1500.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dealers Election Action Committee Of The National</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 24 / 2006                                      |  |
| Mailing Address 8400 Westpark Dr  |   | <b>Transaction ID: C11055</b>   |  |
| City State Zip Code<br>McLean VA 22102  | Amount of Each Receipt this Period<br>2000.00     |   |  |
| FEC ID number of contributing federal political committee.<br><b>C C00040998</b>  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>2000.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Democratic Congressional Campaign Committee</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 08 / 2006                                      |  |
| Mailing Address 430 S Capitol St Se   |   | <b>Transaction ID: C10961</b>   |  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>11.19     |   |  |
| FEC ID number of contributing federal political committee.<br><b>C C00000935</b>  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>17.87 |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>3011.19</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 31 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ebay Inc-committee For Responsible Internet Commer   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 17 / 2006                                      |
| Mailing Address 555 13th St Nw  |   | Transaction ID: C10905  |
| City State Zip Code<br>Washington DC 20004  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00342394   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ernst & Young Political Action Committee   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 16 / 2006                                      |
| Mailing Address 1225 Connecticut Ave Nw   |   | Transaction ID: C10967  |
| City State Zip Code<br>Washington DC 20036  | Amount of Each Receipt this Period<br>2000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00227744   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Peter Goldmark   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 17 / 2006                                      |
| Mailing Address P. O. Box 1512  |  | Transaction ID: C10902  |
| City State Zip Code<br>Spokane WA 99210   | Amount of Each Receipt this Period<br>0.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00426296   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                 |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>0.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER: PAGE 32 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Hewlett packard Company Committee For Good Governm  
Mailing Address 3000 Hanover St  
City Palo Alto State CA Zip Code 94304  
FEC ID number of contributing federal political committee. **C** C00196725  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6  
Transaction ID: C11117  
Amount of Each Receipt this Period  
1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
International Association Of Firefighters Interest  
Mailing Address 1750 New York Ave Nw  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00029447  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6  
Transaction ID: C10854  
Amount of Each Receipt this Period  
1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
International Brotherhood Of Electrical Workers Co  
Mailing Address 900 Seventh Street, NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00027342  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 6  
Transaction ID: C10943  
Amount of Each Receipt this Period  
5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 33 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. International Union Painters &amp; Allied Trades</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 26 / 2006                                      |  |
| Mailing Address 1750 New York Avenue NW   |  | Transaction ID: C10947  |  |
| City Washington State DC Zip Code 20006   | Amount of Each Receipt this Period<br>1500.00  |   |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00276253                         |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   | Receipt For: 2006 Election Cycle-to-Date ▼<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 1500.00 |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Labor Ready Inc PAC</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 23 / 2006                                      |  |
| Mailing Address Po Box 2910  |  | Transaction ID: C11048  |  |
| City Tacoma State WA Zip Code 98401                                      | Amount of Each Receipt this Period<br>1000.00  |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>      |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation  | Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 5000.00 |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Laborers' Political League-laborers' International</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 16 / 2006                                      |  |
| Mailing Address 905 16th St NW  |  | Transaction ID: C10930  |  |
| City Washington State DC Zip Code 20006   | Amount of Each Receipt this Period<br>3000.00  |   |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00007922                           |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   | Receipt For: 2006 Election Cycle-to-Date ▼<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 8000.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 34 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Microsoft Corporation Political Action Committee   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2006                                      |
| Mailing Address 16011 Ne 36th Way   |   | Transaction ID: C10951  |
| City State Zip Code<br>Redmond WA 98052   | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00227546   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Microsoft Corporation Political Action Committee   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 03 / 2006                                      |
| Mailing Address 16011 Ne 36th Way   |   | Transaction ID: C10952  |
| City State Zip Code<br>Redmond WA 98052   | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00227546   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> National Association Of Retired Federal Employees  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 05 / 2006                                      |
| Mailing Address 606 N Washington St   |   | Transaction ID: C10855  |
| City State Zip Code<br>Alexandria VA 22314  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00091561   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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

NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> National Education Association Political Action Co<br>Mailing Address 1201 16th St Nw<br>City State Zip Code<br>Washington DC 20036 |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006<br><b>Transaction ID: C11027</b><br>Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b> C00003251  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Occupation<br>Election Cycle-to-Date ▼<br>4000.00 |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> National Education Association Political Action Co<br>Mailing Address 1201 16th St Nw<br>City State Zip Code<br>Washington DC 20036 |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006<br><b>Transaction ID: C11028</b><br>Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b> C00003251  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |
| Name of Employer<br>Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Occupation<br>Election Cycle-to-Date ▼<br>4000.00 |   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> National Venture Capital Association PAC<br>Mailing Address 1655 Fort Myer Dr<br>City State Zip Code<br>Arlington VA 22209 |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 26 / 2006<br><b>Transaction ID: C10939</b><br>Amount of Each Receipt this Period<br>2000.00 |
| FEC ID number of contributing federal political committee. <b>C</b> C00150367   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  |
| Name of Employer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Occupation<br>Election Cycle-to-Date ▼<br>8500.00 |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 36 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Puget Sound Energy Inc Good Government Committee -

Mailing Address Po Box 90868

City Bellevue State WA Zip Code 98009

FEC ID number of contributing federal political committee. **C** C00101592

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8472.16

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6

**Transaction ID:** C11124

Amount of Each Receipt this Period  
 3353.63

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: baseball game

**B.** Full Name (Last, First, Middle Initial)  
Regence Bluepac

Mailing Address Po Box 21267

City Seattle State WA Zip Code 98111

FEC ID number of contributing federal political committee. **C** C00252684

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

**Transaction ID:** C11056

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Seafarers Political Activity Donation-seafarers In

Mailing Address 815 16th St Nw

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 7 / 2 0 0 6

**Transaction ID:** C11031

Amount of Each Receipt this Period  
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4853.63</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 37 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Simpson Investment Company Political Action Commit

Mailing Address 1301 5th Ave

City State Zip Code  
Seattle WA 98101

FEC ID number of contributing federal political committee. **C** C00034934

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

**Transaction ID:** C11033

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sun Microsystems Inc Political Action Committee

Mailing Address 20 Park Rd

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00347229

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

**Transaction ID:** C10906

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Technology Network PAC (TechNet)

Mailing Address 2600 E Bayshore Rd

City State Zip Code  
Palo Alto CA 94303

FEC ID number of contributing federal political committee. **C** C00328369

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

**Transaction ID:** C11118

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 38 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMM

Mailing Address 300 CONCORD PLAZA DRIVE

City State Zip Code  
SAN ANTONIO TX 78216

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

**Transaction ID:** C11032

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
United Association of Plumbers & Pipefitters

Mailing Address 901 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2006

**Transaction ID:** C11111

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Association of Plumbers & Pipefitters

Mailing Address 901 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** C11113

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 39 / 83 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United Association of Plumbers &amp; Pipefitters</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 29 / 2006                                      |
| Mailing Address 901 Massachusetts Avenue NW   |   | Transaction ID: C11112  |
| City State Zip Code<br>Washington DC 20001  | Amount of Each Receipt this Period<br>2500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00012476   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Pilots Pac/airline Pilots Association</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 05 / 2006                                      |
| Mailing Address 6400 Shafer Ct  |   | Transaction ID: C10925  |
| City State Zip Code<br>Rosemont IL 60018  | Amount of Each Receipt this Period<br>2500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00251009   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Communication Inc. Good Gov't Club</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 05 / 2006                                      |
| Mailing Address 1717 Arch St  |   | Transaction ID: C10852  |
| City State Zip Code<br>Philadelphia PA 19103  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00186288   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 40 / 83                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wyeth Good Government Fund

Mailing Address 5 Giralda Farms

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Madison | NJ    | 07940    |

FEC ID number of contributing federal political committee. **C** C00115303

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

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2006

Transaction ID: C10941

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 51364.82 |



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

|  |                              |  |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 41 / 83                           |
|  | (check only one)             |  |
| <input 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 checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Bank of America Mutual Fund

Mailing Address PO Box 37032

City State Zip Code  
San Francisco CA 94137

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18344.61

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: C10903

Amount of Each Receipt this Period  
1573.99

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1573.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1573.99 |

**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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Josh Ackil</b>  |  | <b>Transaction ID: D5499</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 9 / 2 0 0 6 |
| Mailing Address ITIC<br>1250 Eye St. NW, Ste 200   |  | Amount of Each Disbursement this Period<br>269.78  |
| City Washington State DC Zip Code 20005  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>breakfast and room renta  | Candidate Name   | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |  | <b>Transaction ID: D5358</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6 |
| Mailing Address 210 5th Ave SW   |  | Amount of Each Disbursement this Period<br>72.00   |
| City Olympia State WA Zip Code 98501   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>checks  | Candidate Name   | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Budd Bay Embroidery</b>   |  | <b>Transaction ID: D5341</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6 |
| Mailing Address 1927 State Avenue NE   |  | Amount of Each Disbursement this Period<br>330.62  |
| City Olympia State WA Zip Code 98506   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>campaign t-shirts   | Candidate Name   | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>672.40</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box)   |

**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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol City Press, Inc.</b>  |  | <b>Transaction ID: D5206</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 5 / 2 0 0 6  |
| Mailing Address 2975 37th Avenue SW  |  | Amount of Each Disbursement this Period<br>92.14<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tumwater State WA Zip Code 98512  | Purpose of Disbursement thank you cards<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol City Press, Inc.</b>  |  | <b>Transaction ID: D5207</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 5 / 2 0 0 6  |
| Mailing Address 2975 37th Avenue SW  |  | Amount of Each Disbursement this Period<br>1403.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tumwater State WA Zip Code 98512  | Purpose of Disbursement re-solicit 2006-2<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Capitol City Press, Inc.</b>  |  | <b>Transaction ID: D5208</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 5 / 2 0 0 6   |
| Mailing Address 2975 37th Avenue SW  |  | Amount of Each Disbursement this Period<br>697.01<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tumwater State WA Zip Code 98512  | Purpose of Disbursement house party invite<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2192.93</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chalet Bowl</b>   |  | <b>Transaction ID: D5278</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address 3806 N. 26th Street  |  | Amount of Each Disbursement this Period<br>300.00  |
| City Tacoma State WA Zip Code 98407  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>good bye party  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Compupay</b>  |  | <b>Transaction ID: D5256</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 0 6 |
| Mailing Address 14240 Interurban Ave S   |  | Amount of Each Disbursement this Period<br>8.25  |
| City Tukwila State WA Zip Code 98168   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>direct deposit fee  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Compupay</b>  |  | <b>Transaction ID: D5257</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 0 6 |
| Mailing Address 14240 Interurban Ave S   |  | Amount of Each Disbursement this Period<br>59.35   |
| City Tukwila State WA Zip Code 98168   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>direct deposit fee  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 367.60 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| <p><b>A. Compupay</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 14240 Interurban Ave S</p> <p>City Tukwila State WA Zip Code 98168</p> <p>Purpose of Disbursement direct deposit fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D5289</b></p> <p>Date of Disbursement</p> <p>07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>8.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p>  |

|  |  |  |
|--|--|--|
| <p><b>B. Compupay</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 14240 Interurban Ave S</p> <p>City Tukwila State WA Zip Code 98168</p> <p>Purpose of Disbursement direct deposit fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D5290</b></p> <p>Date of Disbursement</p> <p>07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>59.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p>   |

|  |  |   |
|--|--|---|
| <p><b>C. Compupay</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 14240 Interurban Ave S</p> <p>City Tukwila State WA Zip Code 98168</p> <p>Purpose of Disbursement direct deposit fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D5335</b></p> <p>Date of Disbursement</p> <p>08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>8.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p>  |

|   |              |
|---|--------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>75.85</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |              |

# 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 46 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Compupay</b>  |  | <b>Transaction ID: D5336</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6  |
| Mailing Address 14240 Interurban Ave S   |  | Amount of Each Disbursement this Period<br>59.35  |
| City Tukwila State WA Zip Code 98168   | Purpose of Disbursement direct deposit fee<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Costco</b>  |  | <b>Transaction ID: D5338</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 8 / 2 0 0 6  |
| Mailing Address 35100 Enchanted Pkwy S   |  | Amount of Each Disbursement this Period<br>49.85  |
| City Federal Way State WA Zip Code 98003   | Purpose of Disbursement candy for parade<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Costco</b>  |  | <b>Transaction ID: D5355</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 5 / 2 0 0 6  |
| Mailing Address 35100 Enchanted Pkwy S   |  | Amount of Each Disbursement this Period<br>52.59  |
| City Federal Way State WA Zip Code 98003   | Purpose of Disbursement parade supplies<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 161.79 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                                     |  | <b>Transaction ID: D5304</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6 |
| Mailing Address 430 S Capitol St Se  |  | Amount of Each Disbursement this Period<br>11.19   |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement faxing<br>Candidate Name   | Category/Type  | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dept. of Labor and Industry</b>   |  | <b>Transaction ID: D5253</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 0 6 |
| Mailing Address 616 120th Ave NE   |  | Amount of Each Disbursement this Period<br>27.10   |
| City Bellevue State WA Zip Code 98005  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement 7/15/2006 payroll taxes<br>Candidate Name  | Category/Type  | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dept. of Labor and Industry</b>   |  | <b>Transaction ID: D5288</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6 |
| Mailing Address 616 120th Ave NE   |  | Amount of Each Disbursement this Period<br>27.21   |
| City Bellevue State WA Zip Code 98005  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement 7/31/2006 payroll taxes<br>Candidate Name  | Category/Type  | * in-kind received   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 65.50 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dept. of Labor and Industry</b>   |  | <b>Transaction ID: D5331</b><br>Date of Disbursement<br>08 / 15 / 2006                              |
| Mailing Address 616 120th Ave NE   |  | Amount of Each Disbursement this Period<br>27.10  |
| City Bellevue State WA Zip Code 98005  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>8/15/2006 payroll taxes   | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Employment Security Department</b>  |  | <b>Transaction ID: D5252</b><br>Date of Disbursement<br>07 / 15 / 2006                              |
| Mailing Address 11605 132nd Ave NE   |  | Amount of Each Disbursement this Period<br>31.67  |
| City Kirkland State WA Zip Code 98034  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>7/15/2006 payroll taxes   | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Employment Security Department</b>  |  | <b>Transaction ID: D5287</b><br>Date of Disbursement<br>07 / 31 / 2006                              |
| Mailing Address 11605 132nd Ave NE   |  | Amount of Each Disbursement this Period<br>31.66  |
| City Kirkland State WA Zip Code 98034  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>July 31, 2006 payroll taxes   | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 90.43 |
| <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 49 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Employment Security Department</b>  |  | <b>Transaction ID: D5334</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6  |
| Mailing Address 11605 132nd Ave NE   |  | Amount of Each Disbursement this Period<br>31.67<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kirkland State WA Zip Code 98034  | Purpose of Disbursement<br>8/15/2006 payroll taxes<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bradley Forbes</b>  |  | <b>Transaction ID: D5251</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 5 / 2 0 0 6   |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>867.25<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>July 15, 2006 paycheck<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bradley Forbes</b>  |  | <b>Transaction ID: D5280</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6   |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>867.25<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>July 31, 2006 payroll<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1766.17

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bradley Forbes</b>  |  | <b>Transaction ID: D5314</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 1 / 2 0 0 6  |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>100.00   |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>healthcare reimbursement<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bradley Forbes</b>  |  | <b>Transaction ID: D5326</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6  |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>867.25   |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>August 15th payroll<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bradley Forbes</b>  |  | <b>Transaction ID: D5337</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 2 / 2 0 0 6  |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>50.00  |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>cell phone reimbursement<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1017.25     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bradley Forbes</b>  |  | <b>Transaction ID: D5363</b><br>Date of Disbursement<br>08 / 29 / 2006                              |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>100.00   |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement<br>healthcare reimbursement<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FUTA</b>  |  | <b>Transaction ID: D5254</b><br>Date of Disbursement<br>07 / 15 / 2006                              |
| Mailing Address Irs Ctr  |  | Amount of Each Disbursement this Period<br>24.00  |
| City Ogden State UT Zip Code 84201   | Purpose of Disbursement<br>futa taxes<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FUTA</b>  |  | <b>Transaction ID: D5286</b><br>Date of Disbursement<br>07 / 31 / 2006                              |
| Mailing Address Irs Ctr  |  | Amount of Each Disbursement this Period<br>24.00  |
| City Ogden State UT Zip Code 84201   | Purpose of Disbursement<br>July 31, 2006 futa taxes<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 148.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| <b>A. FUTA</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address Irs Ctr<br>City Ogden State UT Zip Code 84201<br>Purpose of Disbursement 8/15/2006 futa taxes<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5332</b><br>Date of Disbursement<br>08 / 15 / 2006<br>Amount of Each Disbursement this Period<br>24.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. Guardian Dental Insurance</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2459<br>City Spokane State WA Zip Code 99210-2459<br>Purpose of Disbursement dental insurance July 2006<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5385</b><br>Date of Disbursement<br>08 / 10 / 2006<br>Amount of Each Disbursement this Period<br>66.24<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. Guardian Dental Insurance</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 2459<br>City Spokane State WA Zip Code 99210-2459<br>Purpose of Disbursement dental insurance<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5384</b><br>Date of Disbursement<br>08 / 17 / 2006<br>Amount of Each Disbursement this Period<br>135.48<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 225.72      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sarah Hyman</b>   |  | <b>Transaction ID: D5248</b><br>Date of Disbursement<br>07 / 15 / 2006                              |  |
| Mailing Address 1110 N. 28th Street  |  | Amount of Each Disbursement this Period<br>1357.46  |  |
| City Tacoma State WA Zip Code 98403  | Purpose of Disbursement<br>July 15, 2006 paycheck  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sarah Hyman</b>   |  | <b>Transaction ID: D5276</b><br>Date of Disbursement<br>07 / 28 / 2006                              |  |
| Mailing Address 1110 N. 28th Street  |  | Amount of Each Disbursement this Period<br>400.00   |  |
| City Tacoma State WA Zip Code 98403  | Purpose of Disbursement<br>healthcare and mileage reimbursement  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sarah Hyman</b>   |  | <b>Transaction ID: D5281</b><br>Date of Disbursement<br>07 / 31 / 2006                              |  |
| Mailing Address 1110 N. 28th Street  |  | Amount of Each Disbursement this Period<br>1357.46  |  |
| City Tacoma State WA Zip Code 98403  | Purpose of Disbursement<br>July 31, 2006 payroll   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3114.92</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sarah Hyman</b>   |                   | <b>Transaction ID: D5327</b><br>Date of Disbursement<br>08 / 15 / 2006  |
| Mailing Address 1110 N. 28th Street  |                   | Amount of Each Disbursement this Period<br>1357.46<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98403  | Category/<br>Type |   |
| Purpose of Disbursement August 15, 2006 payroll<br>Candidate Name  |                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |   |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sarah Hyman</b>   |                   | <b>Transaction ID: D5360</b><br>Date of Disbursement<br>08 / 29 / 2006   |
| Mailing Address 1110 N. 28th Street  |                   | Amount of Each Disbursement this Period<br>400.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98403  | Category/<br>Type |  |
| Purpose of Disbursement healthcare & mileage reimbursement<br>Candidate Name   |                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |  |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. IRS</b>   |                   | <b>Transaction ID: D5255</b><br>Date of Disbursement<br>07 / 15 / 2006  |
| Mailing Address 1160 W 12th St   |                   | Amount of Each Disbursement this Period<br>1608.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ogden State UT Zip Code 84201   | Category/<br>Type |   |
| Purpose of Disbursement 7/15/2006 payroll taxes<br>Candidate Name  |                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3366.14</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |  |   |
|---|--|---|
| <b>A. IRS</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1160 W 12th St<br>City Ogden State UT Zip Code 84201<br>Purpose of Disbursement July 31, 2006 payroll taxes<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5285</b><br>Date of Disbursement<br>07 / 31 / 2006<br>Amount of Each Disbursement this Period<br>1608.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|   |  |   |
|---|--|---|
| <b>B. IRS</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1160 W 12th St<br>City Ogden State UT Zip Code 84201<br>Purpose of Disbursement payroll taxes<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5333</b><br>Date of Disbursement<br>08 / 15 / 2006<br>Amount of Each Disbursement this Period<br>1608.68<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|  |  |   |
|--|--|---|
| <b>C. Kennedy Communications LLC</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1622 19th St NW<br>City Washington State DC Zip Code 20009<br>Purpose of Disbursement campaign literature<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5303</b><br>Date of Disbursement<br>08 / 08 / 2006<br>Amount of Each Disbursement this Period<br>4728.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7945.36 |
| <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 56 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Metropolitan Market</b>   |  | <b>Transaction ID: D5299</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6  |
| Mailing Address 2420 N Proctor St  |  | Amount of Each Disbursement this Period<br>26.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98406  | Purpose of Disbursement<br>supplies<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Rent-a-Computer</b>  |  | <b>Transaction ID: D5321</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6   |
| Mailing Address 16192 SW 72nd Avenue   |  | Amount of Each Disbursement this Period<br>502.66<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State OR Zip Code 97224  | Purpose of Disbursement<br>computer rental August<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP Software</b>  |  | <b>Transaction ID: D5272</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 5 / 2 0 0 6  |
| Mailing Address 1101 Vermont Ave. NW Suite 710   |  | Amount of Each Disbursement this Period<br>1750.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement<br>one year consulting contract<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2279.62 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Perry</b>   |  | <b>Transaction ID: D5250</b><br>Date of Disbursement<br>07 / 15 / 2006 |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>805.37                      |
| City Seattle State WA Zip Code 98103   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>July 15, 2006 paycheck  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Matthew Perry</b>   |  | <b>Transaction ID: D5282</b><br>Date of Disbursement<br>07 / 31 / 2006 |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>805.37                      |
| City Seattle State WA Zip Code 98103   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>July 31, 2006 payroll   | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Matthew Perry</b>   |  | <b>Transaction ID: D5312</b><br>Date of Disbursement<br>08 / 11 / 2006 |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>100.00                      |
| City Seattle State WA Zip Code 98103   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>healthcare reimbursement  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1710.74     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Perry</b>   |  | <b>Transaction ID: D5311</b><br>Date of Disbursement<br>08 / 11 / 2006  |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>50.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98103   |  |   |
| Purpose of Disbursement<br>cell phone for july 2006  | <input type="checkbox"/> Category/Type   |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Matthew Perry</b>   |  | <b>Transaction ID: D5328</b><br>Date of Disbursement<br>08 / 15 / 2006   |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>805.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98103   |  |  |
| Purpose of Disbursement<br>August 15, 2006 payroll   | <input type="checkbox"/> Category/Type   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Matthew Perry</b>   |  | <b>Transaction ID: D5361</b><br>Date of Disbursement<br>08 / 29 / 2006   |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98103   |  |  |
| Purpose of Disbursement<br>healthcare reimbursement  | <input type="checkbox"/> Category/Type   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 955.37 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Puget Sound Energy Inc Good Government Committee -</b>                              |  | <b>Transaction ID: D5348</b><br>Date of Disbursement<br>08 / 24 / 2006   |
| Mailing Address Po Box 90868   |  | Amount of Each Disbursement this Period<br>105.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bellevue State WA Zip Code 98009  | Category/<br>Type  |  |
| Purpose of Disbursement<br>baseball ticket for Adam  |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Puget Sound Energy Inc Good Government Committee -</b>                              |  | <b>Transaction ID: D5379</b><br>Date of Disbursement<br>08 / 28 / 2006  |
| Mailing Address Po Box 90868   |  | Amount of Each Disbursement this Period<br>3353.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>* in-kind received |
| City Bellevue State WA Zip Code 98009  | Category/<br>Type  |   |
| Purpose of Disbursement<br>inkind-baseball game  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Qwest</b>   |  | <b>Transaction ID: D5210</b><br>Date of Disbursement<br>07 / 05 / 2006   |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>108.82<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98111   | Category/<br>Type  |  |
| Purpose of Disbursement<br>field office phone bill   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3567.45</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Qwest</b>   |  | <b>Transaction ID: D5211</b><br>Date of Disbursement<br>07 / 05 / 2006   |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>247.10<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98111   |  |  |
| Purpose of Disbursement phone bill and internet<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Qwest</b>   |  | <b>Transaction ID: D5243</b><br>Date of Disbursement<br>07 / 17 / 2006  |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>51.83<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98111   |  |   |
| Purpose of Disbursement Phone bill<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Qwest</b>   |  | <b>Transaction ID: D5245</b><br>Date of Disbursement<br>07 / 17 / 2006  |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>17.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98111   |  |   |
| Purpose of Disbursement field office phone bill<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>316.53</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Qwest</b>   |  | <b>Transaction ID: D5291</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6  |  |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>235.52   |  |
| City Seattle State WA Zip Code 98111   | Purpose of Disbursement<br>phone bill and internet   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Qwest</b>   |  | <b>Transaction ID: D5293</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6  |  |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>45.48  |  |
| City Seattle State WA Zip Code 98111   | Purpose of Disbursement<br>field office phone bill   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Qwest</b>   |  | <b>Transaction ID: D5301</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6  |  |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>58.04  |  |
| City Seattle State WA Zip Code 98111   | Purpose of Disbursement<br>phone bill  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 339.04 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Qwest</b>   |  | <b>Transaction ID: D5306</b><br>Date of Disbursement<br>08 / 11 / 2006 |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>58.36                       |
| City Seattle State WA Zip Code 98111   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Phone Bill  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Qwest</b>   |  | <b>Transaction ID: D5307</b><br>Date of Disbursement<br>08 / 11 / 2006 |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>57.36                       |
| City Seattle State WA Zip Code 98111   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>field office phone  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Qwest</b>   |  | <b>Transaction ID: D5350</b><br>Date of Disbursement<br>08 / 28 / 2006 |
| Mailing Address PO Box 12480   |  | Amount of Each Disbursement this Period<br>59.00                       |
| City Seattle State WA Zip Code 98111   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Phone bill  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 174.72      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sprint</b>  |  | <b>Transaction ID: D5246</b><br>Date of Disbursement<br>07 / 17 / 2006 |   |
| Mailing Address PO Box 79260   |  | Amount of Each Disbursement this Period<br>48.19                       |   |
| City<br>City Of Industry   | State<br>CA  | Zip Code<br>91716  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>cell phone bill   |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sprint</b>  |  | <b>Transaction ID: D5242</b><br>Date of Disbursement<br>07 / 17 / 2006 |   |
| Mailing Address PO Box 79260   |  | Amount of Each Disbursement this Period<br>111.41                      |   |
| City<br>City Of Industry   | State<br>CA  | Zip Code<br>91716  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>cell phone bill   |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sprint</b>  |  | <b>Transaction ID: D5310</b><br>Date of Disbursement<br>08 / 11 / 2006 |   |
| Mailing Address PO Box 79260   |  | Amount of Each Disbursement this Period<br>88.85                       |   |
| City<br>City Of Industry   | State<br>CA  | Zip Code<br>91716  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>cell phone bill   |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>248.45</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sprint</b>  |  | <b>Transaction ID: D5309</b><br>Date of Disbursement<br>08 / 11 / 2006                                    |
| Mailing Address PO Box 79260   |  | Amount of Each Disbursement this Period<br>80.70  |
| City State Zip Code<br>City Of Industry CA 91716   | Purpose of Disbursement<br>cell phone bill   |   |
| Candidate Name   |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SunTrust Merchant Services</b>  |  | <b>Transaction ID: D5316</b><br>Date of Disbursement<br>07 / 10 / 2006                                    |
| Mailing Address PO Box 6600  |  | Amount of Each Disbursement this Period<br>66.42  |
| City State Zip Code<br>Hagerstown MD 21741   | Purpose of Disbursement<br>credit card processing fee  |   |
| Candidate Name   |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SunTrust Merchant Services</b>  |  | <b>Transaction ID: D5317</b><br>Date of Disbursement<br>07 / 30 / 2006                                    |
| Mailing Address PO Box 6600  |  | Amount of Each Disbursement this Period<br>61.39  |
| City State Zip Code<br>Hagerstown MD 21741   | Purpose of Disbursement<br>credit card processing fee  |   |
| Candidate Name   |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>208.51</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SunTrust Merchant Services</b>  |  | <b>Transaction ID: D5422</b><br>Date of Disbursement<br>08 / 11 / 2006 |
| Mailing Address PO Box 6600  |  | Amount of Each Disbursement this Period<br>61.39                       |
| City Hagerstown State MD Zip Code 21741  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement credit card process<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dru E Swaim</b>   |  | <b>Transaction ID: D5238</b><br>Date of Disbursement<br>07 / 07 / 2006 |
| Mailing Address 2800 Limited Lane NW Apt. G-9  |  | Amount of Each Disbursement this Period<br>96.80                       |
| City Olympia State WA Zip Code 98502   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement mileage reimbursement<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dru E Swaim</b>   |  | <b>Transaction ID: D5249</b><br>Date of Disbursement<br>07 / 15 / 2006 |
| Mailing Address 2800 Limited Lane NW Apt. G-9  |  | Amount of Each Disbursement this Period<br>846.62                      |
| City Olympia State WA Zip Code 98502   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement July 15, 2006 paycheck<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1004.81 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dru E Swaim</b>   |  | <b>Transaction ID: D5283</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 31 / 2006  |
| Mailing Address 2800 Limited Lane NW Apt. G-9  |  | Amount of Each Disbursement this Period<br>846.62<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Olympia State WA Zip Code 98502   |  |  |
| Purpose of Disbursement July 31, 2006 payroll<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dru E Swaim</b>   |  | <b>Transaction ID: D5315</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 11 / 2006  |
| Mailing Address 2800 Limited Lane NW Apt. G-9  |  | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Olympia State WA Zip Code 98502   |  |  |
| Purpose of Disbursement healthcare reimbursement<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dru E Swaim</b>   |  | <b>Transaction ID: D5329</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 15 / 2006  |
| Mailing Address 2800 Limited Lane NW Apt. G-9  |  | Amount of Each Disbursement this Period<br>846.62<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Olympia State WA Zip Code 98502   |  |  |
| Purpose of Disbursement August 15, 2006 payroll<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1793.24     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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 67 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|   |  |  |
|---|--|--|
| <b>A. Dru E Swaim</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2800 Limited Lane NW Apt. G-9<br>City Olympia State WA Zip Code 98502<br>Purpose of Disbursement healthcare reimbursement<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5362</b><br>Date of Disbursement<br>08 / 29 / 2006<br>Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>B. T Mobile</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 742596<br>City Cincinnati State OH Zip Code 45274<br>Purpose of Disbursement cell phone bill<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5213</b><br>Date of Disbursement<br>07 / 07 / 2006<br>Amount of Each Disbursement this Period<br>260.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. T Mobile</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 742596<br>City Cincinnati State OH Zip Code 45274<br>Purpose of Disbursement cell phone bill<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D5313</b><br>Date of Disbursement<br>08 / 11 / 2006<br>Amount of Each Disbursement this Period<br>260.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 621.16      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tri-Tec Communications</b>  |  | <b>Transaction ID: D5204</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 5 / 2 0 0 6   |
| Mailing Address 25130 74th Ave S   |  | Amount of Each Disbursement this Period<br>184.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kent State WA Zip Code 98032  | Purpose of Disbursement<br>phone system rental<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tri-Tec Communications</b>  |  | <b>Transaction ID: D5302</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 8 / 2 0 0 6   |
| Mailing Address 25130 74th Ave S   |  | Amount of Each Disbursement this Period<br>184.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kent State WA Zip Code 98032  | Purpose of Disbursement<br>phone system rental<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. US Postal Service</b>   |  | <b>Transaction ID: D5214</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 7 / 2 0 0 6  |
| Mailing Address 241 S Lander St  |  | Amount of Each Disbursement this Period<br>39.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98134   | Purpose of Disbursement<br>stamps<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 408.92 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Postal Service</b>   |  | <b>Transaction ID: D5260</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 8 / 2 0 0 6 |
| Mailing Address 241 S Lander St  |  | Amount of Each Disbursement this Period<br>325.00  |
| City Seattle State WA Zip Code 98134   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>bulkmail  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. US Postal Service</b>   |  | <b>Transaction ID: D5263</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 9 / 2 0 0 6 |
| Mailing Address 241 S Lander St  |  | Amount of Each Disbursement this Period<br>78.00   |
| City Seattle State WA Zip Code 98134   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>stamps  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. US Postal Service</b>   |  | <b>Transaction ID: D5296</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 241 S Lander St  |  | Amount of Each Disbursement this Period<br>24.00   |
| City Seattle State WA Zip Code 98134   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>stamps  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 427.00 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. US Postal Service</b>   |  | <b>Transaction ID: D5349</b><br>Date of Disbursement<br>08 / 25 / 2006 |
| Mailing Address 241 S Lander St  |  | Amount of Each Disbursement this Period<br>136.74                      |
| City Seattle State WA Zip Code 98134   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>bulk mail   | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chelsea Waliser</b>   |  | <b>Transaction ID: D5247</b><br>Date of Disbursement<br>07 / 15 / 2006 |
| Mailing Address 1705 Dock Street, #111   |  | Amount of Each Disbursement this Period<br>1332.46                     |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>July 15, 2006 paycheck  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Chelsea Waliser</b>   |  | <b>Transaction ID: D5275</b><br>Date of Disbursement<br>07 / 28 / 2006 |
| Mailing Address 1705 Dock Street, #111   |  | Amount of Each Disbursement this Period<br>400.00                      |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>healthcare and mileage reimbursement  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1869.20 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chelsea Waliser</b>   |  | <b>Transaction ID: D5284</b><br>Date of Disbursement<br>07 / 31 / 2006 |
| Mailing Address 1705 Dock Street, #111   |  | Amount of Each Disbursement this Period<br>1332.46                     |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>July 31, 2006 payroll   | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chelsea Waliser</b>   |  | <b>Transaction ID: D5330</b><br>Date of Disbursement<br>08 / 15 / 2006 |
| Mailing Address 1705 Dock Street, #111   |  | Amount of Each Disbursement this Period<br>1332.46                     |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>August 15, 2006 payroll   | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Chelsea Waliser</b>   |  | <b>Transaction ID: D5359</b><br>Date of Disbursement<br>08 / 29 / 2006 |
| Mailing Address 1705 Dock Street, #111   |  | Amount of Each Disbursement this Period<br>400.00                      |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>healthcare & mileage reimbursement  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3064.92</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Washington Building TIC</b>   |  | <b>Transaction ID: D5212</b><br>Date of Disbursement<br>07 / 05 / 2006 |
| Mailing Address 1019 Pacific Ave   |  | Amount of Each Disbursement this Period<br>225.00                      |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>July 06 rent  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Washington Building TIC</b>   |  | <b>Transaction ID: D5292</b><br>Date of Disbursement<br>07 / 31 / 2006 |
| Mailing Address 1019 Pacific Ave   |  | Amount of Each Disbursement this Period<br>225.00                      |
| City Tacoma State WA Zip Code 98402  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>August 06 rent  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Washington Secretary of State</b>   |  | <b>Transaction ID: D5271</b><br>Date of Disbursement<br>07 / 24 / 2006 |
| Mailing Address PO Box 40220   |  | Amount of Each Disbursement this Period<br>1652.00                     |
| City Olympia State WA Zip Code 98504   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Candidate filing fee  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2102.00 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Washington State Historical Society</b>   |  | <b>Transaction ID: D5277</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6   |
| Mailing Address 1911 Pacific Ave   |  | Amount of Each Disbursement this Period<br>600.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98402  | Purpose of Disbursement<br>election night rental deposit<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gary Wu</b>   |  | <b>Transaction ID: D5268</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 4 / 2 0 0 6   |
| Mailing Address 19625 62nd Avenue S. #C106   |  | Amount of Each Disbursement this Period<br>300.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kent State WA Zip Code 98032  | Purpose of Disbursement<br>office rent August 2006<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gary Wu</b>   |  | <b>Transaction ID: D5347</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 4 / 2 0 0 6   |
| Mailing Address 19625 62nd Avenue S. #C106   |  | Amount of Each Disbursement this Period<br>300.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kent State WA Zip Code 98032  | Purpose of Disbursement<br>office rent September 2006<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1200.00 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Zoey Catering</b>   |  | <b>Transaction ID: D5258</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 8 / 2 0 0 6  |
| Mailing Address 907 N 68th St  |  | Amount of Each Disbursement this Period<br>1610.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98103   | Purpose of Disbursement<br>deposit - catering<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Zoey Catering</b>   |  | <b>Transaction ID: D5340</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 6 / 2 0 0 6  |
| Mailing Address 907 N 68th St  |  | Amount of Each Disbursement this Period<br>1935.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98103   | Purpose of Disbursement<br>catering for house party<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America Visa Business Card</b>  |  | <b>Transaction ID: D5244</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 7 / 2 0 0 6  |
| Mailing Address PO Box 2463  |  | Amount of Each Disbursement this Period<br>98.86<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Spokane State WA Zip Code 99210   | Purpose of Disbursement<br>credit card bill<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3643.86</b> |
| <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 75 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Perry</b>   |  | <b>Transaction ID: D5264</b><br>Date of Disbursement<br>07 / 21 / 2006 |  |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>17.25                       |  |
| City Seattle State WA Zip Code 98103   | Purpose of Disbursement reimbursement for office supplies<br>Candidate Name _____ Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | <b>Transaction ID: D5267</b><br>Date of Disbursement<br>07 / 24 / 2006 |  |
| Mailing Address 15301 NE 24th St   |  | Amount of Each Disbursement this Period<br>131.03                      |  |
| City Redmond State WA Zip Code 98052   | Purpose of Disbursement office supplies<br>Candidate Name _____ Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

**[MEMO ITEM]**

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Matthew Perry</b>   |  | <b>Transaction ID: D5273</b><br>Date of Disbursement<br>07 / 28 / 2006 |  |
| Mailing Address 8549A Stone Avenue N.  |  | Amount of Each Disbursement this Period<br>6.52                        |  |
| City Seattle State WA Zip Code 98103   | Purpose of Disbursement reimbursement for office supplies<br>Candidate Name _____ Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 23.77 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bradley Forbes</b>  |  | <b>Transaction ID: D5318</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 1 / 2 0 0 6 |  |
| Mailing Address 305 N. K St., #18  |  | Amount of Each Disbursement this Period<br>4.78  |  |
| City Tacoma State WA Zip Code 98405  | Purpose of Disbursement reimbursement for office supplies<br>Candidate Name<br>Category/Type   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | <b>Transaction ID: D5319</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 0 / 2 0 0 6 |  |
| Mailing Address 15301 NE 24th St   |  | Amount of Each Disbursement this Period<br>4.78  |  |
| City Redmond State WA Zip Code 98052   | Purpose of Disbursement office supplies<br>Candidate Name<br>Category/Type   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

[MEMO ITEM]

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America Visa Business Card</b>  |  | <b>Transaction ID: D5322</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6 |  |
| Mailing Address PO Box 2463  |  | Amount of Each Disbursement this Period<br>1474.35   |  |
| City Spokane State WA Zip Code 99210   | Purpose of Disbursement visa bill<br>Candidate Name<br>Category/Type   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1479.13 |
| <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 77 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Expedia.com</b>   |  | Transaction ID: D5323<br>Date of Disbursement<br>07 / 21 / 2006                                     |  |
| Mailing Address 3150 139th Ave SE  |  | Amount of Each Disbursement this Period<br>591.61   |  |
| City Bellevue<br>State WA<br>Zip Code 98005  | Purpose of Disbursement<br>airplane ticket   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Rent-a-Computer</b>  |  | Transaction ID: D5232<br>Date of Disbursement<br>07 / 10 / 2006                                     |  |
| Mailing Address 16192 SW 72nd Avenue   |  | Amount of Each Disbursement this Period<br>502.66   |  |
| City Portland<br>State OR<br>Zip Code 97224  | Purpose of Disbursement<br>computer rental July 2006   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stewart Lumber &amp; Hardware</b>   |  | Transaction ID: D5324<br>Date of Disbursement<br>07 / 10 / 2006                                     |  |
| Mailing Address 1761 Rainier Ave S   |  | Amount of Each Disbursement this Period<br>349.12   |  |
| City Seattle<br>State WA<br>Zip Code 98144   | Purpose of Disbursement<br>stakes for yard signs   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <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 78 / 83

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

**A.** National Rent-a-Computer

Full Name (Last, First, Middle Initial)

Mailing Address 16192 SW 72nd Avenue

City Portland State OR Zip Code 97224

Purpose of Disbursement  
computer rental for September

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D5382

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 8 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 502.66 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.** Stewart Lumber & Hardware

Full Name (Last, First, Middle Initial)

Mailing Address 1761 Rainier Ave S

City Seattle State WA Zip Code 98144

Purpose of Disbursement  
yard sign stakes

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D5381

Date of Disbursement

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

Amount of Each Disbursement this Period

|        |
|--------|
| 368.96 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|      |
|------|
| 0.00 |
|------|

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

|          |
|----------|
| 48648.50 |
|----------|

# 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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. America in Solidarity</b> |  | <b>Transaction ID: D5240</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6   |
| Mailing Address 3049 S. 36th St, #205                                      |  | Amount of Each Disbursement this Period<br>500.00  |
| City Tacoma State WA Zip Code 98405  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |  |
| Purpose of Disbursement<br>sponsorship of barbeque                         |  | Category/<br>Type  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chris Marr for State Senate</b> |  | <b>Transaction ID: D5353</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 8 / 2 0 0 6   |
| Mailing Address P. O. Box 2025   |  | Amount of Each Disbursement this Period<br>500.00  |
| City Spokane State WA Zip Code 99210   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |  |
| Purpose of Disbursement<br>campaign contribution                                 |  | Category/<br>Type  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Costco</b> |  | <b>Transaction ID: D5298</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6   |
| Mailing Address 35100 Enchanted Pkwy S                      |  | Amount of Each Disbursement this Period<br>97.92   |
| City Federal Way State WA Zip Code 98003                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |  |
| Purpose of Disbursement<br>inkind donation to campaign      |  | Category/<br>Type  |
| Candidate Name<br>Friends of Derek Kilmer                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1097.92 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>                 |  | <b>Transaction ID: D5343</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 2 3 / 2 0 0 6 |
| Mailing Address 430 S Capitol St Se  |  | Amount of Each Disbursement this Period<br>30000.00  |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>transfer to nat'l party committee   |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jerry Beckendorf Scholarship Fund</b>                           |  | <b>Transaction ID: D5320</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 4 / 2 0 0 6 |
| Mailing Address c/o United Way P O Box 2215  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Tacoma State WA Zip Code 98401  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>bowling tournament sponsorship  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Metropolitan Market</b>   |  | <b>Transaction ID: D5300</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 2420 N Proctor St  |  | Amount of Each Disbursement this Period<br>109.98  |
| City Tacoma State WA Zip Code 98406  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>food for fundraiser   |  | Category/<br>Type  |
| Candidate Name<br>Friends of Derek Kilmer  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

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|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>30359.98</b> |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| <p><b>A. People for Christine Rolfes</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Christine Rolfes</p> <p>Mailing Address PMB 118, 19689 7th Avenue NE</p> <p>City Poulsbo State WA Zip Code 98370</p> <p>Purpose of Disbursement<br/>campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID: D5344</b></p> <p>Date of Disbursement<br/>08 / 23 / 2006</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
|--|--|---|

|   |  |   |
|---|--|---|
| <p><b>B. Peter Goldmark</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Peter Goldmark</p> <p>Mailing Address P. O. Box 1512</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement<br/>campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID: D5239</b></p> <p>Date of Disbursement<br/>07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
|---|--|---|

|  |  |   |
|--|--|---|
| <p><b>C. Pierce County Labor Council</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Pierce County Labor Council</p> <p>Mailing Address 3049 S 36th St</p> <p>City Tacoma State WA Zip Code 98409</p> <p>Purpose of Disbursement<br/>solidarity day tickets to baseball game</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID: D5215</b></p> <p>Date of Disbursement<br/>07 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>175.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
|--|--|---|

|   |                       |
|---|-----------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>1175.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

**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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thurston County Democrats Central Committee</b>                 |  | <b>Transaction ID: D5269</b><br>Date of Disbursement<br>07 / 24 / 2006 |
| Mailing Address PO Box 164   |  | Amount of Each Disbursement this Period<br>250.00                      |
| City Olympia State WA Zip Code 98507   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>donation - office rent August 2006  |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thurston County Democrats Central Committee</b>                 |  | <b>Transaction ID: D5346</b><br>Date of Disbursement<br>08 / 24 / 2006 |
| Mailing Address PO Box 164   |  | Amount of Each Disbursement this Period<br>250.00                      |
| City Olympia State WA Zip Code 98507   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>donation - office rent September 2006   |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thurston County Democrats Central Committee</b>                 |  | <b>Transaction ID: D5351</b><br>Date of Disbursement<br>08 / 28 / 2006 |
| Mailing Address PO Box 164   |  | Amount of Each Disbursement this Period<br>40.65                       |
| City Olympia State WA Zip Code 98507   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>telephone line installation   |  | Category/<br>Type  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 540.65 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Adam Smith for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Thurston County Democrats Central Committee</b>                                     |  | <b>Transaction ID: D5352</b><br>Date of Disbursement<br>08 / 28 / 2006  |
| Mailing Address PO Box 164   |  | Amount of Each Disbursement this Period<br>39.01<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Olympia State WA Zip Code 98507   | Category/<br>Type  |   |
| Purpose of Disbursement<br>campaign office utilities bill  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Troy Kelley</b>   |  | <b>Transaction ID: D5354</b><br>Date of Disbursement<br>08 / 25 / 2006   |
| Mailing Address P. O. Box 99415  |  | Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lakewood State WA Zip Code 98499  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Campaign contribution   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Washington State Democratic Central Committee</b>                                   |  | <b>Transaction ID: D5262</b><br>Date of Disbursement<br>07 / 17 / 2006   |
| Mailing Address PO Box 4027  |  | Amount of Each Disbursement this Period<br>20000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98194   | Category/<br>Type  |  |
| Purpose of Disbursement<br>coordinated campaign contribution   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>20539.01</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>53712.56</b> |