

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Committee To Reelect Congressman Chris Smith

ADDRESS (number and street)

P.O. Box 3184

Check if different than previously reported. (ACC)

Hamilton

NJ

08619

2. FEC IDENTIFICATION NUMBER

C C00096412

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

NJ

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2012

through

M M /

D D /

Y Y Y Y 2012

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 Mary M. Roldan

Signature of Treasurer Mary M. Roldan

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	701.75	7576.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	701.75	7576.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17164.32	41185.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	277.01	277.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16887.31	40908.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	182496.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Committee To Reelect Congressman Chris Smith

Report Covering the Period: From: / / To: / /

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).....	209.00	4884.00
(ii) Unitemized.....	492.75	2692.76
(iii) TOTAL of contributions from individuals ▶	701.75	7576.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	701.75	7576.76
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.)	277.01	277.01
15. OTHER RECEIPTS (Dividends, Interest, etc.)	34.65	34.65
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1013.41	7888.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17164.32	41185.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	430.00	430.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17594.32	41615.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	199077.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1013.41
25. SUBTOTAL (add Line 23 and Line 24).....	200090.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17594.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	182496.37

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

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

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

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
James Stavola

Mailing Address 10 Eagle Nest Road

City State Zip Code
Colts Neck NJ 07722-1062

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

Name of Employer Occupation
Stavola Management Company Transportation Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2012

Transaction ID : 21229.C56197

Amount of Each Receipt this Period
 Receipt
 209.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

209.00

209.00

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

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

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

A. Full Name (Last, First, Middle Initial)
Verizon BSC Election Services

Mailing Address Attn: Cynthia Chandler
7821 New Falls Road, Floor 2

City Levittown State PA Zip Code 19055-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
264.59

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : 30103.C56213

Amount of Each Receipt this Period
264.59

Offsets to Operating Expenditu

B. Full Name (Last, First, Middle Initial)
Verizon BSC Election Services

Mailing Address Attn: Cynthia Chandler
7821 New Falls Road, Floor 2

City Levittown State PA Zip Code 19055-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
277.01

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 30115.C56223

Amount of Each Receipt this Period
12.42

Offsets to Operating Expenditu

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

277.01

277.01

**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 7 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Hurricane Sandy NJ Relief Fund			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2012	
Mailing Address c/o Kat Madaras PO Box 477			Amount of Each Disbursement this Period 1000.00	
City Springfield	State NJ	Zip Code 07081-	Transaction ID : 21229.E6218	
Purpose of Disbursement event		Category/ Type	EVENT	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Mr. Robert Brown			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address 1222 Park Street			Amount of Each Disbursement this Period 300.00	
City Trenton	State NJ	Zip Code 08691-	Transaction ID : 21206.E6207	
Purpose of Disbursement website maintenance fee Oct/Nov		Category/ Type	WEBSITE MAINTENANCE FEE OCT/NOV	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Chase Card Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012	
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 5240.81	
City Wilmington	State DE	Zip Code 19886-	Transaction ID : 21206.E6186	
Purpose of Disbursement CREDIT CARD:SEE BELOW		Category/ Type	CREDIT CARD:SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	6540.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Comcast Spotlight		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address Attn: Susan Kailis 166 E. Levering Mill Rd., Ste. 300		Amount of Each Disbursement this Period 2674.10
City Bala Cynwyd	State PA	Zip Code 19004-
Purpose of Disbursement Cable TV Ads	Transaction ID : 21206.E6192	
Candidate Name	[MEMO ITEM] MEMO: CABLE TV ADS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Two River Times		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 75 W Front Street		Amount of Each Disbursement this Period 770.00
City Red Bank	State NJ	Zip Code 07701-
Purpose of Disbursement advertising	Transaction ID : 21206.E6198	
Candidate Name	[MEMO ITEM] MEMO: ADVERTISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. IPLAY America		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address Freehold, NJ		Amount of Each Disbursement this Period 245.49
City	State	Zip Code
Purpose of Disbursement volunteer dinner	Transaction ID : 21206.E6199	
Candidate Name	[MEMO ITEM] MEMO: VOLUNTEER DINNER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Chase Card Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 1657.50
City Wilmington	State DE	Zip Code 19886-	Transaction ID : 21206.E6185
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type	
Candidate Name			CREDIT CARD: SEE BELOW
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Facebook Ads			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address Palo Alto, CA			Amount of Each Disbursement this Period 359.98
City	State	Zip Code	Transaction ID : 21206.E6191
Purpose of Disbursement Ads on facebook		Category/ Type	
Candidate Name			[MEMO ITEM] MEMO: ADS ON FACEBOOK
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Cablevision of Monmouth			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address P.O. Box 19301			Amount of Each Disbursement this Period 1657.50
City Newark	State NJ	Zip Code 07195-0301	Transaction ID : 21206.E6193
Purpose of Disbursement Cable TV Ads		Category/ Type	
Candidate Name			[MEMO ITEM] MEMO: CABLE TV ADS
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1657.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. The Coaster		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 1011 Main Street		Amount of Each Disbursement this Period 330.75
City Asbury Park	State NJ	
Zip Code 07712-	Purpose of Disbursement Advertising	Transaction ID : 21206.E6200
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: ADVERTISING
State: District:		

Full Name (Last, First, Middle Initial) B. Federal Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 28.96
City Pittsburgh	State PA	
Zip Code 15250-7461	Purpose of Disbursement courier	Transaction ID : 21229.E6217
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COURIER
State: District:		

Full Name (Last, First, Middle Initial) C. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2012
Mailing Address 2100 Nottingham Way		Amount of Each Disbursement this Period 485.74
City Trenton	State NJ	
Zip Code 08619-	Purpose of Disbursement printing	Transaction ID : 21229.E6214
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	514.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address PO Box 387		Amount of Each Disbursement this Period 90.57
City Marlton	State NJ	Zip Code 08053-0387
Purpose of Disbursement fees for payroll services	Category/ Type	
Candidate Name	Transaction ID : 21206.E6204	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FEEES FOR PAYROLL SERVICES
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address PO Box 387		Amount of Each Disbursement this Period 1044.48
City Marlton	State NJ	Zip Code 08053-0387
Purpose of Disbursement payroll	Category/ Type	
Candidate Name	Transaction ID : 21206.E6205	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address PO Box 387		Amount of Each Disbursement this Period 363.25
City Marlton	State NJ	Zip Code 08053-0387
Purpose of Disbursement payroll taxes impounded	Category/ Type	
Candidate Name	Transaction ID : 21206.E6206	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES IMPOUNDED
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1498.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address PO Box 387		Amount of Each Disbursement this Period 363.26
City Marlton	State NJ	Zip Code 08053-0387
Purpose of Disbursement payroll taxes impounded	Category/ Type	
Candidate Name	Transaction ID : 21229.E6220	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAXES IMPOUNDED
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address PO Box 387		Amount of Each Disbursement this Period 65.57
City Marlton	State NJ	Zip Code 08053-0387
Purpose of Disbursement fees for payroll services	Category/ Type	
Candidate Name	Transaction ID : 21229.E6219	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FEES FOR PAYROLL SERVICES
State: District:		

Full Name (Last, First, Middle Initial) c. Epiphany Productions, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 5051.36
City Alexandria	State VA	Zip Code 22301-
Purpose of Disbursement Dec Consulting fee	Category/ Type	
Candidate Name	Transaction ID : 21206.E6210	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	DEC CONSULTING FEE
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5480.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Mary Roldan		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 146 Prospect Avenue		Amount of Each Disbursement this Period 1044.47
City Yardville	State NJ Zip Code 08620-	
Purpose of Disbursement payroll	Candidate Name	Transaction ID : 21229.E6221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PAYROLL

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2012
Mailing Address PO Box 4833		Amount of Each Disbursement this Period 168.61
City Trenton	State NJ Zip Code 08650-4833	
Purpose of Disbursement phone 0787	Candidate Name	Transaction ID : 21229.E6213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	PHONE 0787

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1213.08
TOTAL This Period (last page this line number only).....	16904.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee To Reelect Congressman Chris Smith

Full Name (Last, First, Middle Initial) A. Citizens Strengthening Our Majority In The House			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012	
Mailing Address (C SMITH PAC) PO Box 3168			Amount of Each Disbursement this Period 400.00 Transaction ID : 21206.E6209	
City Trenton	State NJ	Zip Code 08619-		
Purpose of Disbursement CONTRIBUTION TO PAC		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	400.00