

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

Adrian Smith for Congress

ADDRESS (number and street) 3321 Avenue I

Suite 6

Check if different than previously reported. (ACC)

Scottsbluff NE 69361 4587

2. **FEC IDENTIFICATION NUMBER** C00412890

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NE 03

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 04 2008 in the State of NE

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

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

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Lenora Gompert

Signature of Treasurer Electronically Filed by Lenora Gompert Date 10 20 2008

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

Adrian Smith for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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)).....	17066.41	753715.63
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17066.41	751715.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	83742.36	559789.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9613.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	83742.36	550175.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	295126.60	
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
Adrian Smith for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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).....

8275.00

318598.70

(ii) Unitemized.....

2777.00

60072.42

(iii) TOTAL of contributions

11052.00

378671.12

from individuals..... ▶

0.00

2000.00

(b) Political Party Committees.....

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

6014.41

369844.51

(d) The Candidate.....

0.00

3200.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

17066.41

753715.63

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

101.91

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

9613.67

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

824.32

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

17066.41

764255.53

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	83742.36	559789.42
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	2000.00
(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	2000.00
21. OTHER DISBURSEMENTS.....	0.00	474.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83742.36	562264.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	361802.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17066.41
25. SUBTOTAL (add Line 23 and Line 24).....	378868.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83742.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	295126.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Phyllis Bigbee

Mailing Address 1936 Myers Road

City Broken Bow State NE Zip Code 68822-4214

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C13087

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)
Major Brian P Bresnahan

Mailing Address 12126 J Road

City Benedict State NE Zip Code 68316-5502

FEC ID number of contributing federal political committee. C

Name of Employer University of Nebraska Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: A-C13161

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)
Senator Carroll Burling

Mailing Address 4120 S Shiloh Avenue

City Kenesaw State NE Zip Code 68956-1664

FEC ID number of contributing federal political committee. C

Name of Employer Nebraska Legislature Occupation Senator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C13082

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) 600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Verlyn Dunlap	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 802 Park Avenue	Transaction ID: A-C13091
	City Milford State NE Zip Code 68405-9792	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N.A. Occupation Homemaker Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	850.00

B.	Full Name (Last, First, Middle Initial) Mrs. Gloria Erickson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 315 18th Avenue	Transaction ID: A-C13156
	City Holdrege State NE Zip Code 68949-1103	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Nebraska Environmental Trust Occupation Farm Management Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	800.00

C.	Full Name (Last, First, Middle Initial) Mr. Jose F Fanjul, Jr.	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 1 N Clematis Street Suite 200	Transaction ID: A-C13106
	City West Palm Beach State FL Zip Code 33401-5551	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Florida Crystals Occupation Senior Vice President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21
(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)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Dr. John N. Kabalin</p> <p>Mailing Address 1214 Meadowlark Drive</p> <p>City State Zip Code Scottsbluff NE 69361-4915</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Scottsbluff Urology Association</p> <p>Occupation Urologist</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2008</p> <p>Transaction ID: A-C13131</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Hod Kosman</p> <p>Mailing Address 190498 County Road G</p> <p>City State Zip Code Scottsbluff NE 69361-5702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Platte Valley National Bank</p> <p>Occupation President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2008</p> <p>Transaction ID: A-C13129</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Pete Lapasotes</p> <p>Mailing Address PO Box 863</p> <p>City State Zip Code Bridgeport NE 69336-0863</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Feedyard Owner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2008</p> <p>Transaction ID: A-C13073</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address 1830 W 38th Avenue

City State Zip Code
Denver CO 80211-2225

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Leprino Foods CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: A-C13157

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)
Mr. Nick Loeb

Mailing Address 1850 Lake Drive

City State Zip Code
Delray Beach FL 33444-3137

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Investment Broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: A-C13063

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Tiffany M Moore

Mailing Address 417 Quackenbos Street NW

City State Zip Code
Washington DC 20011-1307

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Office of US Trade Assistant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

Transaction ID: A-C13107

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) 3550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Shirley Oliver

Mailing Address 1410 Grand Avenue

City State Zip Code
Grand Island NE 68801-7412

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Town & Country Bank Banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Transaction ID: A-C13168

Amount of Each Receipt this Period

50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. W. Alan Rickertsen

Mailing Address PO Box 408

City State Zip Code
Gothenburg NE 69138-0408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Skyview Transportation COO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Transaction ID: A-C13150

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)
Mr. William Siegel

Mailing Address PO Box 320

City State Zip Code
Morrill NE 69358-0320

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jirdon Agri Chemicals, In- c. Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Transaction ID: A-C13155

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 21
	(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)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial) Robert Sindt		Date of Receipt MM / DD / YYYY 10 / 11 / 2008
Mailing Address 1850 M Street NW Suite 400		Transaction ID: A-C13109
City Washington	State DC	Zip Code 20036-5815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BURDITT & RADZIUS	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Mrs. Birdeen Zier		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 1540 Park Terrace		Transaction ID: A-C13104
City Gering	State NE	Zip Code 69341-7114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer N.A.	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	8275.00

**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 11 / 21
	<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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Black Hills Corporation PAC		Date of Receipt
	Mailing Address PO Box 1400		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rapid City	SD	57709-1400
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13080
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) CONOCOPHILLIPS SPIRIT PAC		Date of Receipt
	Mailing Address 1400B Plaza Office Building		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bartlesville	OK	74004
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13103
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	

C.	Full Name (Last, First, Middle Initial) Nebraska Farm Bureau Federation PAC		Date of Receipt
	Mailing Address PO Box 80299		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lincoln	NE	68501-0299
	FEC ID number of contributing federal political committee.		Transaction ID: A-C13101
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1200.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Slatecard.com PAC

Mailing Address 228 S Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00438549

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 33.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: A-C13158

Amount of Each Receipt this Period
14.41

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

B. Full Name (Last, First, Middle Initial)
Syngenta Corporation PAC

Mailing Address 1399 New York Avenue NW
Suite 750

City State Zip Code
Washington DC 20005-4777

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: A-C13126

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)
Wells Fargo & Co. Employee PAC

Mailing Address Sixth & Marquette

City State Zip Code
Minneapolis MN 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: A-C13102

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2014.41

TOTAL This Period (last page this line number only) ► 6014.41

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)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Capital Strategies D. C.

Transaction ID: B-E-13124
Date of Disbursement

Mailing Address PO Box 1605

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

City State Zip Code
Alexandria VA 22313-1605

Amount of Each Disbursement this Period

6598.50

Purpose of Disbursement
Fundraising: Fundraising Services
Candidate Name

003
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
CD Inc.

Transaction ID: B-E-13118
Date of Disbursement

Mailing Address PO Box 1877

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

City State Zip Code
Alexandria VA 22313-1877

Amount of Each Disbursement this Period

5347.00

Purpose of Disbursement
Advertising: Web Advertising
Candidate Name

004
Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Complete Campaigns

Transaction ID: B-E-13137
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

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

City State Zip Code
San Diego CA 92102-4548

Amount of Each Disbursement this Period

115.00

Purpose of Disbursement
Other: Electronic Processing Fee
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

12060.50

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)

<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)
Adrian Smith for Congress

A. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Campaign Software

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-13172
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

500.00

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

B. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Electronic Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-13138
Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

19.25

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

C. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Other: Electronic Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-13139
Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

3.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

522.25

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)

<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)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Goddard for Congress</p> <p>Mailing Address PO Box 9460</p> <p>City Warner Robins State GA Zip Code 31095-9460</p> <p>Purpose of Disbursement Political Contribution: Contribution</p> <p>Candidate Name Goddard for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13116</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Heartland Campaign Management</p> <p>Mailing Address PO Box 241142</p> <p>City Omaha State NE Zip Code 68124-5142</p> <p>Purpose of Disbursement Fundraising: Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13147</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2599.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Inventive Media</p> <p>Mailing Address PO Box 2231</p> <p>City Scottsbluff State NE Zip Code 69363-2231</p> <p>Purpose of Disbursement Website Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13148</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 154.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3754.22

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)

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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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Maverick Political Mailing Address 1605 S 176th Street City Omaha State NE Zip Code 68130-4671 Purpose of Disbursement Other: Direct Mail Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13120 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 29147.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maverick Political Mailing Address 1605 S 176th Street City Omaha State NE Zip Code 68130-4671 Purpose of Disbursement Other: Direct Mail Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13121 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 2876.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maverick Political Mailing Address 1605 S 176th Street City Omaha State NE Zip Code 68130-4671 Purpose of Disbursement Other: Direct Mail Piece Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13122 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	35523.94
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 17 / 21

<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)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Meridian Central

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Advertising: Design of Newspaper Ad
Candidate Name

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-13160
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

3358.50

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

B.

Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Other: Dues
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-13119
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
Nebraska Republican Party

Mailing Address 1610 N Street

City Lincoln State NE Zip Code 68508-1871

Purpose of Disbursement
Campaign Support Fund
Candidate Name
Nebraska Republican Party

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-13159
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

20000.00

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

SUBTOTAL of Disbursements This Page (optional)

28358.50

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 18 / 21

<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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Pete Olson for Congress Mailing Address PO Box 16381 City State Zip Code Sugar Land TX 77496-6381 Purpose of Disbursement Political Contribution: Contribution Candidate Name Pete Olson for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13117 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Platte Valley National Bank Mailing Address 1212 Circle Drive City State Zip Code Scottsbluff NE 69361-2790 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13140 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 169.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Plaza Financial Mailing Address 3321 Avenue I City State Zip Code Scottsbluff NE 69361-4586 Purpose of Disbursement 3rd Qtr Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13125 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1319.36
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 19 / 21

<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)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1711 Frontage Road</p> <p>City State Zip Code Scottsbluff NE 69361-2780</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13115</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 32.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Erica G Croft</p> <p>Mailing Address 650 County Road 75</p> <p>City State Zip Code Hemingford NE 69348-3032</p> <p>Purpose of Disbursement Campaign Staff</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13142</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 88.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Lenora S Gompert</p> <p>Mailing Address 220 Madison Avenue</p> <p>City State Zip Code Morrill NE 69358-5021</p> <p>Purpose of Disbursement Report Preparation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13141</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 210.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

332.09

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)

<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)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mr. John R Hoehne	Transaction ID: B-E-13114 Date of Disbursement 10 / 02 / 2008
	Mailing Address 3221 Sunset Drive	Amount of Each Disbursement this Period 1500.50
	City North Platte State NE Zip Code 69101-6330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Congressma Adrian Smith	Transaction ID: B-E-13143 Date of Disbursement 10 / 15 / 2008
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 100.00
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Reimbursement of Cell Phone Ch Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Congressma Adrian Smith	Transaction ID: B-E-13144 Date of Disbursement 10 / 15 / 2008
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 57.00
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel: Reimbursement of Travel charge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

<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)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Congressma Adrian Smith

Transaction ID: B-E-13145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Mailing Address 3321 Avenue I

Amount of Each Disbursement this Period

15.00

City State Zip Code
Scottsbluff NE 69361-4586

Purpose of Disbursement
Travel: Reimbursement of Travel Charge

002
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Congressma Adrian Smith

Transaction ID: B-E-13146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Mailing Address 3321 Avenue I

Amount of Each Disbursement this Period

84.00

City State Zip Code
Scottsbluff NE 69361-4586

Purpose of Disbursement
Other: Reimbursement for Postage Stam

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

99.00

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

83627.36
