

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 SMITH FOR CONGRESS

ADDRESS (number and street) 7025 OLD TRAIL RD PO BOX 9507 FORT WAYNE IN 46809 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00846998 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT IN 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2024 through 03/31/2024

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 PHILLIPS, ROBERT, , , Signature of Treasurer PHILLIPS, ROBERT, , , Date MM/DD/YYYY 06/24/2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**SMITH FOR CONGRESS**

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)) ....	<input type="text" value="53813.04"/>	<input type="text" value="213181.54"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="53813.04"/>	<input type="text" value="212181.54"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="557422.53"/>	<input type="text" value="781776.16"/>
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<input type="text" value="0.00"/>	<input type="text" value="624.63"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<input type="text" value="557422.53"/>	<input type="text" value="781151.53"/>
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	<input type="text" value="532330.49"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1100000.00"/>	

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**SMITH FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2024 To: M M / D D / Y Y Y Y 03 / 31 / 2024

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).....	45422.26	192046.73
(ii) Unitemized.....	2268.45	10413.55
(iii) TOTAL of contributions from individuals ▶	47690.71	202460.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	485.45
(d) The Candidate.....	6122.33	10235.81
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	53813.04	213181.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	200000.00	1100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	200000.00	1100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	624.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3560.38	3574.36
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	257373.42	1317380.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	557422.53	781776.16
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	1000.00
(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	1000.00
21. OTHER DISBURSEMENTS .....	0.00	2273.88
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	557422.53	785050.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	832379.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	257373.42
25. SUBTOTAL (add Line 23 and Line 24).....	1089753.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	557422.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	532330.49

# 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 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BAKER, ROBERT, , ,

Mailing Address 8124 E GREENBRIAR CT

City: WICHITA State: KS Zip Code: 67226

FEC ID number of contributing federal political committee: C

Name of Employer: CLARK INVESTMENT GROUP Occupation: REAL ESTATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 520.51

Date of Receipt: 03 / 28 / 2024

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period: 520.51

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED

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

Mailing Address PO BOX 9891

City: ARLINGTON State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: C C00694323

Name of Employer: Occupation:

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 27622.46

Date of Receipt: 03 / 28 / 2024

Transaction ID : SA11AI.4672.0

Amount of Each Receipt this Period: 520.51

Memo Item

EARMARKED CONTRIBUTION THROUGH CONDUIT LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
BALL, JAMES, , ,

Mailing Address 509 LANDIN ROAD

City: NEW HAVEN State: IN Zip Code: 46774

FEC ID number of contributing federal political committee: C

Name of Employer: PETER FRANKLIN JEWELRY Occupation: BUSINESS OWNER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 21 / 2024

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period: 2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2520.51

**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 6 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BILL HITTE TRUST

Mailing Address 6030 CHERRY HILL PARKWAY

City FORT WAYNE State IN Zip Code 46835

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2024

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period  
1000.00

Memo Item  
ALLOCATED TO INDIVIDUAL

**B.** Full Name (Last, First, Middle Initial)  
HITTIE, BILL, , ,

Mailing Address 6030 CHERRY HILL PKY

City FORT WAYNE State IN Zip Code 46835

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2024

Transaction ID : SA11AI.4658.0

Amount of Each Receipt this Period  
1000.00

Memo Item  
ALLOCATED FROM TRUST

**C.** Full Name (Last, First, Middle Initial)  
BURDICK, BRIAN, , ,

Mailing Address 11929 FOREST DRIVE

City CARMEL State IN Zip Code 46033

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BARNES THORNBURG, LLP ATTORNEY

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2024

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINNER\*

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

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

2000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
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Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
21821.19

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2024

**Transaction ID : SA11AI.4652.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT - LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
CHALFANT, TOM, , ,

Mailing Address N. 1050 WEST

City REDKEY	State IN	Zip Code 47373
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FEC ID number of contributing federal political committee. **C**

Name of Employer FARMER	Occupation BUSINESS OWNER
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Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2024

**Transaction ID : SA11AI.4666**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
COREY, DR. SAM, , ,

Mailing Address 11832 KEEPERS GATE

City SPENCERVILLE	State IN	Zip Code 46788
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation BUSINESS OWNER
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Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2024

**Transaction ID : SA11AI.4641**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

3000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 8 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
CRAIG, MATT, , ,

Mailing Address 3394 FOX CHASE

City BRISTOL	State IN	Zip Code 46507
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FEC ID number of contributing federal political committee.

Name of Employer MILLER POULTRY	Occupation PRESIDENT
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Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
DBD CONTRACTING LLC

Mailing Address 520 TENNESSEE AVE

City FORT WAYNE	State IN	Zip Code 46805
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FEC ID number of contributing federal political committee.

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

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period

Memo Item  
 ALLOCATED TO INDIVIDUAL

**C.** Full Name (Last, First, Middle Initial)  
DENTON, TAMI, , ,

Mailing Address 520 TENNESSEE AVE

City FORT WAYNE	State IN	Zip Code 46805
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FEC ID number of contributing federal political committee.

Name of Employer DBD CONTRACTING LLC	Occupation BUSINESS OWNER
---	------------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : SA11AI.4636.0

Amount of Each Receipt this Period

Memo Item  
 ALLOCATED FROM LLC

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 57	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) DBD CONTRACTING LLC			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2024	
Mailing Address 520 TENNESSEE AVE			<b>Transaction ID : SA11AI.4639</b>	
City FORT WAYNE	State IN	Zip Code 46805	Amount of Each Receipt this Period _____ 2300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ALLOCATED TO INDIVIDUAL	
Name of Employer Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ _____ 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) DENTON, TAMI, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2024	
Mailing Address 520 TENNESSEE AVE			<b>Transaction ID : SA11AI.4639.0</b>	
City FORT WAYNE	State IN	Zip Code 46805	Amount of Each Receipt this Period _____ 2300.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item ALLOCATED FROM LLC	
Name of Employer DBD CONTRACTING LLC		Occupation BUSINESS OWNER		
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) DODEN, BRENDA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2024	
Mailing Address 3127 COUNTY ROAD 56			<b>Transaction ID : SA11AI.4629</b>	
City AUBURN	State IN	Zip Code 46706	Amount of Each Receipt this Period _____ 3300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer AMBASSADOR ENTERPRISES		Occupation BUSINESS OWNER		
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 5600.00
<b>TOTAL</b> 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 10 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
DODEN, DARYLE, , ,

Mailing Address 11020 DIEBOLD ROAD

City FORT WAYNE	State IN	Zip Code 46845
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FEC ID number of contributing federal political committee. **C**

Name of Employer AMBASSADOR ENTERPRISES	Occupation BUSINESS OWNER
--	------------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2024

**Transaction ID : SA11AI.4627**

Amount of Each Receipt this Period  
3300.00

Memo Item

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

Mailing Address 13720 PENDLETON MILLS COURT

City FORT WAYNE	State IN	Zip Code 46814
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FEC ID number of contributing federal political committee. **C**

Name of Employer DOXA INSURANCE	Occupation IT
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Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

**Transaction ID : SA11AI.4686**

Amount of Each Receipt this Period  
260.25

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT  
WINDER

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
28923.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

**Transaction ID : SA11AI.4686.0**

Amount of Each Receipt this Period  
260.25

Memo Item

EARMARKED CONTRIBUTION THROUGH CONDUIT  
LIMIT NOT AFFECTED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3560.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
FISHER, WIN, , ,

Mailing Address 2330 SPRINGMILL ROAD

City FORT WAYNE State IN Zip Code 46845

FEC ID number of contributing federal political committee. C

Name of Employer ENZYME SOLUTIONS Occupation BUSINESS OWNER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period  
750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
GANCZAK, SHERRY, , ,

Mailing Address 977 E GATESWORTH DR

City COLUMBIA CITY State IN Zip Code 46725

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
HART, KEVIN, , ,

Mailing Address 16726 PINE RIDGE PASS

City LEO State IN Zip Code 46765

FEC ID number of contributing federal political committee. C

Name of Employer PARKVIEW HEALTH Occupation PHYSICIAN

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2024

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period  
1000.00

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT WINNER

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

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

2750.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23081.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2024

Transaction ID : SA11AI.4656.0

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT  
- LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
HAWKS, THOMAS, , ,

Mailing Address 22 N GREENBRIER STREET

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation  
MONUMENT ADVOCACY GOVERNMENT RELATIONS

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2024

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT  
WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
24601.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2024

Transaction ID : SA11AI.4654.0

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT  
LIMIT NOT AFFECTED

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

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

1000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
HICKS, JANELLE, , ,

Mailing Address 6706 LAYSAN TEAL COVE

City FORT WAYNE State IN Zip Code 46845

FEC ID number of contributing federal political committee. C

Name of Employer HEAT POWER ENGINEERING Occupation BUSINESS OWNER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2024

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HICKS, LLOYD, , ,

Mailing Address 2725 WINDRIDGE CT

City FORT WAYNE State IN Zip Code 46845

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2024

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
HOWE, MATT, , ,

Mailing Address 5825 S 1025 E

City HUDSON State IN Zip Code 46747

FEC ID number of contributing federal political committee. C

Name of Employer HOWE TRANSPORT FARMS Occupation AG TRUCKING FARMING

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 04 / 2024

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period  
260.25

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT WINDP\*  
WINDP\*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 960.25

**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 14 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18956.84

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 04 / 2024

**Transaction ID : SA11AI.4684.0**

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT - LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
JORDAN, BILL, , ,

Mailing Address 3633 W POINT DR

City NEW HAVEN	State IN	Zip Code 46774
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FEC ID number of contributing federal political committee. **C**

Name of Employer HEAT POWER	Occupation SALES
--------------------------------	---------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1560.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

**Transaction ID : SA11AI.4646**

Amount of Each Receipt this Period  
1250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
KLINGAMAN, GENE, , ,

Mailing Address 950 LIBERTY DRIVE

City COLUMBIA CITY	State IN	Zip Code 46764
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FEC ID number of contributing federal political committee. **C**

Name of Employer SCHRADER AUCTIONEERS	Occupation AUCTIONEER
--	--------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

**Transaction ID : SA11AI.4664**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2250.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
KUHNE, ALEXIS, , ,

Mailing Address 4525 PIMLICO DRIVE

City: FORT WAYNE State: IN Zip Code: 46845

FEC ID number of contributing federal political committee: C

Name of Employer: ZIMMER BIOMET Occupation: PORTFOLIO MANAGER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 416.40

Date of Receipt: 01 / 28 / 2024

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period: 104.10

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED\*

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

Mailing Address PO BOX 9891

City: ARLINGTON State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: C C00694323

Name of Employer: Occupation:

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 17655.57

Date of Receipt: 01 / 28 / 2024

Transaction ID : SA11AI.4695.0

Amount of Each Receipt this Period: 104.10

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
KUHNE, ALEXIS, , ,

Mailing Address 4525 PIMLICO DRIVE

City: FORT WAYNE State: IN Zip Code: 46845

FEC ID number of contributing federal political committee: C

Name of Employer: ZIMMER BIOMET Occupation: PORTFOLIO MANAGER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 520.50

Date of Receipt: 02 / 28 / 2024

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period: 104.10

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED\*

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 208.20

**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 16 OF 57	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
20821.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2024

**Transaction ID : SA11AI.4694.0**

Amount of Each Receipt this Period  
104.10

Memo Item  
 EARMARKED CONTRIBUTION THROUGH CONDUIT - LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
LEO, RICHARD, , ,

Mailing Address 1828 S. 425 WEST

City COLUMBIA CITY	State IN	Zip Code 46725
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2024

**Transaction ID : SA11AI.4661**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
LEO, RICHARD, , ,

Mailing Address 1828 S. 425 WEST

City COLUMBIA CITY	State IN	Zip Code 46725
-----------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2024

**Transaction ID : SA11AI.4670**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 17 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
METZGER, SCOTT, , ,

Mailing Address 4770 EAST 600 NORTH

City CHURUBUSCO State IN Zip Code 46723

FEC ID number of contributing federal political committee. C

Name of Employer TRUE NORTH Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2024

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period  
3300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
MILLS, CURTIS, , ,

Mailing Address 1522 FOREST TRAIL

City FORT WAYNE State IN Zip Code 46845

FEC ID number of contributing federal political committee. C

Name of Employer USI Occupation RISK MANAGEMENT

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2024

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period  
2500.00

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT WINDER

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
27101.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2024

Transaction ID : SA11AI.4638.0

Amount of Each Receipt this Period  
2500.00

Memo Item

EARMARKED CONTRIBUTION THROUGH CONDUIT LIMIT NOT AFFECTED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5800.00

**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 18 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
NORMAN, CHRIS, , ,

Mailing Address 5118 LITCHFIELD ROAD

City FORT WAYNE State IN Zip Code 46835

FEC ID number of contributing federal political committee. C

Name of Employer GRACE GATHERING Occupation PASTOR

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2024

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period  
260.25

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED\*

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
22081.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2024

Transaction ID : SA11AI.4680.0

Amount of Each Receipt this Period  
260.25

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
PERKINS, RODNEY, , ,

Mailing Address 9395 E 400 S

City LAGRANGE State IN Zip Code 46761

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
520.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2024

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period  
520.51

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.76

**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 19 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23601.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 23 2024

Transaction ID : SA11AI.4674.0

Amount of Each Receipt this Period  
520.51

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT  
- LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
PERKINS, TODD, , ,

Mailing Address 11045E 425S

City WOLCOTTVILLE State IN Zip Code 46795

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1041.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 01 2024

Transaction ID : SA11AI.4648

Amount of Each Receipt this Period  
1041.02

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT  
WINRED\*

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18696.59

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 01 2024

Transaction ID : SA11AI.4648.0

Amount of Each Receipt this Period  
1041.02

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT  
LIMIT NOT AFFECTED

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

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

1041.02

# 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 20 OF 57
<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)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
REIDY, JEREMY, , ,

Mailing Address 5011 SWEET WATER PL

City FORT WAYNE	State IN	Zip Code 46835
--------------------	-------------	-------------------

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

Name of Employer AMBASSADOR ENTERPRISES	Occupation ATTORNEY
--	------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

**Transaction ID : SA11AI.4678**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
ROBERTS, JEFFREY, , ,

Mailing Address 13250 GATMAN COURT

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer ROBERTS OFFICE BUILDING LLC	Occupation OWNER
---	---------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2024

**Transaction ID : SA11AI.4682**

Amount of Each Receipt this Period  
260.25

Memo Item

CONTRIBUTION EARMARKED THROUGH CONDUIT  
WINDED\*

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
19217.09

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2024

**Transaction ID : SA11AI.4682.0**

Amount of Each Receipt this Period  
260.25

Memo Item

EARMARKED CONTRIBUTION THROUGH CONDUIT  
LIMIT NOT AFFECTED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	560.25
<b>TOTAL</b> 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 21 OF 57
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SCHLATTER, DAVID, , ,

Mailing Address 440 LANE 275A, TURKEY LAKE

City HUDSON	State IN	Zip Code 46747
----------------	-------------	-------------------

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

Name of Employer AVERITAS	Occupation MEDICAL SCIENCE LIAISON
------------------------------	---------------------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1041.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
1041.02

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
28663.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

**Transaction ID : SA11AI.4650.0**

Amount of Each Receipt this Period  
1041.02

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT LIMIT NOT AFFECTED

**C.** Full Name (Last, First, Middle Initial)  
SCHROCK, TROY JENNIFER, , ,

Mailing Address 710 ROLLINGWOOD LANE

City FORT WAYNE	State IN	Zip Code 46845
--------------------	-------------	-------------------

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

Name of Employer ADVISOR CATALYST, INC	Occupation BUSINESS ADVISOR
---	--------------------------------

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2024

**Transaction ID : SA11AI.4645**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION EARMARKED THROUGH CONDUIT WINRED\*

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2541.02
<b>TOTAL</b> 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 22 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
20717.09

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2024

Transaction ID : SA11AI.4645.0

Amount of Each Receipt this Period  
1500.00

Memo Item  
EARMARKED CONTRIBUTION THROUGH CONDUIT  
- LIMIT NOT AFFECTED

**B.** Full Name (Last, First, Middle Initial)  
WIGGINS, JEN, , ,

Mailing Address 10517 INDIAN RIDGE DR.

City FORT WAYNE State IN Zip Code 46814

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

Name of Employer Occupation  
DOXA BUSINESS OWNER

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2024

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period  
3100.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	45422.26

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
904467.92

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2024

Transaction ID : SA11D.4739

Amount of Each Receipt this Period  
354.44

Memo Item  
In-kind - AG PLAN PRINTING

**B.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
906301.92

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11D.4741

Amount of Each Receipt this Period  
1834.00

Memo Item  
In-kind - FLIGHT EXPENSE

**C.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
906368.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2024

Transaction ID : SA11D.4743

Amount of Each Receipt this Period  
66.36

Memo Item  
In-kind - TRAVEL FOOD AND BEVERAGE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2254.80

**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 24 OF 57
	<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)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
906619.89

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2024

**Transaction ID : SA11D.4745**

Amount of Each Receipt this Period  
251.61

Memo Item  
In-kind - HOTEL STAY

**B.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
906632.93

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2024

**Transaction ID : SA11D.4747**

Amount of Each Receipt this Period  
13.04

Memo Item  
In-kind - TRAVEL FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
906789.83

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2024

**Transaction ID : SA11D.4749**

Amount of Each Receipt this Period  
156.90

Memo Item  
In-kind - YARD SIGNS

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	421.55
<b>TOTAL</b> 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 25 OF 57	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
907817.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 17 / 2024

**Transaction ID : SA11D.4751**

Amount of Each Receipt this Period  
1027.39

Memo Item  
In-kind - SECURITY SERVICES

**B.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
907877.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 26 / 2024

**Transaction ID : SA11D.4753**

Amount of Each Receipt this Period  
60.27

Memo Item  
In-kind - EVENT FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
907968.79

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 29 / 2024

**Transaction ID : SA11D.4755**

Amount of Each Receipt this Period  
91.30

Memo Item  
In-kind - TRAVEL FOOD AND BEVERAGE

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1178.96
<b>TOTAL</b> 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 26 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
909246.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2024

**Transaction ID : SA11D.4757**

Amount of Each Receipt this Period  
1277.78

Memo Item  
In-kind - HOTEL STAY

**B.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
909295.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2024

**Transaction ID : SA11D.4759**

Amount of Each Receipt this Period  
49.00

Memo Item  
In-kind - TRAVEL FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
909793.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2024

**Transaction ID : SA11D.4761**

Amount of Each Receipt this Period  
497.85

Memo Item  
In-kind - TRAVEL FOOD AND BEVERAGE

**SUBTOTAL** of Receipts This Page (optional)..... ► 1824.63

**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 27 OF 57	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) SMITH, TIM, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			Transaction ID : SA11D.4763	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Receipt this Period 42.49	
FEC ID number of contributing federal political committee. C H4IN03232			<input type="checkbox"/> Memo Item In-kind - TRAVEL FOOD AND BEVERAGE	
Name of Employer SELF		Occupation CANDIDATE		
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 909835.91		

B. Full Name (Last, First, Middle Initial) SMITH, TIM, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			Transaction ID : SA11D.4765	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Receipt this Period 289.20	
FEC ID number of contributing federal political committee. C H4IN03232			<input type="checkbox"/> Memo Item In-kind - TRAVEL FOOD AND BEVERAGE	
Name of Employer SELF		Occupation CANDIDATE		
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 910125.11		

C. Full Name (Last, First, Middle Initial) SMITH, TIM, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			Transaction ID : SA11D.4767	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Receipt this Period 110.70	
FEC ID number of contributing federal political committee. C H4IN03232			<input type="checkbox"/> Memo Item In-kind - TRAVEL FOOD AND BEVERAGE	
Name of Employer SELF		Occupation CANDIDATE		
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 910235.81		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	442.39
<b>TOTAL</b> This Period (last page this line number only).....▶	6122.33

# 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 28 OF 57	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMITH, TIM, , ,

Mailing Address 7025 OLD TRAIL RD  
PO BOX 9507

City FORT WAYNE State IN Zip Code 46809

FEC ID number of contributing federal political committee. **C** H4IN03232

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1110235.81

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

Transaction ID : SA13A.4625

Amount of Each Receipt this Period  
200000.00

Memo Item  
CANDIDATE LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	200000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
FIRST FEDERAL SAVINGS BANK

Mailing Address 5317 S BEND DR

City FORT WAYNE State IN Zip Code 46804

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA15.4769

Amount of Each Receipt this Period

Memo Item  
INTEREST

**B.** Full Name (Last, First, Middle Initial)  
FIRST FEDERAL SAVINGS BANK

Mailing Address 5317 S BEND DR

City FORT WAYNE State IN Zip Code 46804

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA15.4770

Amount of Each Receipt this Period

Memo Item  
INTEREST

**C.** Full Name (Last, First, Middle Initial)  
FIRST FEDERAL SAVINGS BANK

Mailing Address 5317 S BEND DR

City FORT WAYNE State IN Zip Code 46804

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Transaction ID : SA15.4771

Amount of Each Receipt this Period

Memo Item  
INTEREST

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3560.38"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="3560.38"/>

# 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 30 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. ADAMS CO GOP**

Mailing Address 144 NORTH 2ND STREET

City DECATUR State IN Zip Code 46733

Purpose of Disbursement LINCOLN DAY DINNER TICKETS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.4615

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address 550 SCHOOL ST NW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement AIR FARE - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1834.40

Transaction ID : SB17.4848

Memo Item

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

Mailing Address 555 METRO PL N STE 525

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement COMPLIANCE AND ACCOUNTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4603

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 550.00

**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 31 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AXIOM STRATEGIES**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement POP-UP BANNER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 779.00

Transaction ID : SB17.4571

Memo Item

Full Name (Last, First, Middle Initial)

**B. AXIOM STRATEGIES**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement WRITING STAFF

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4584

Memo Item

Full Name (Last, First, Middle Initial)

**C. AXIOM STRATEGIES**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement WRITING STAFF

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4604

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1779.00

**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 32 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AXMEDIA**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement AD BUY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 19192.00

Transaction ID : SB17.4565

Memo Item

Full Name (Last, First, Middle Initial)

**B. AXMEDIA**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement AD BUY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 19192.00

Transaction ID : SB17.4566

Memo Item

Full Name (Last, First, Middle Initial)

**C. AXMEDIA**

Mailing Address 800 W 47TH ST  
STE 200

City KANSAS CITY State MO Zip Code 64112

Purpose of Disbursement AD BUY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 19 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 19192.00

Transaction ID : SB17.4569

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 57576.00

**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AXMEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 16965.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4572
State:                  District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AXMEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 23396.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4573
State:                  District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AXMEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 26715.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4577
State:                  District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	67076.25
<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 34 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. AXMEDIA</b>		M M / D D / Y Y Y Y 02 / 09 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	53430.00
State: District:	Transaction ID : SB17.4583	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. AXMEDIA</b>		M M / D D / Y Y Y Y 02 / 23 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	65247.00
State: District:	Transaction ID : SB17.4593	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. AXMEDIA</b>		M M / D D / Y Y Y Y 03 / 11 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	67314.00
State: District:	Transaction ID : SB17.4605	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	185991.00
<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 35 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. AXMEDIA</b>		M M / D D / Y Y Y Y 03 / 25 / 2024
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number
City KANSAS CITY	State MO	Zip Code 64112
Purpose of Disbursement AD BUY	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	71872.00
State: District:	Transaction ID : SB17.4785	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. BEDROCK DATA SOLUTIONS</b>		M M / D D / Y Y Y Y 03 / 15 / 2024
Mailing Address 800 W 47TH STREET, SUITE 200		FEC Identification Number
City KANAS CITY	State MS	Zip Code 64112
Purpose of Disbursement TEXTING SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4138.32
State: District:	Transaction ID : SB17.4609	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. BEDROCK DATA SOLUTIONS</b>		M M / D D / Y Y Y Y 03 / 25 / 2024
Mailing Address 800 W 47TH STREET, SUITE 200		FEC Identification Number
City KANAS CITY	State MS	Zip Code 64112
Purpose of Disbursement TEXTING SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2471.68
State: District:	Transaction ID : SB17.4612	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	78482.00
<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 36 OF 57	
	<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)  
**SMITH FOR CONGRESS**

**A. CAMPAIGN BUILDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 2431 WILEY BLVD #1068

City CEDAR RAPIDS State IA Zip Code 52404

Purpose of Disbursement STAFF RECRUITING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.4592

Memo Item

**B. CITIZEN M HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address 550 SCHOOL ST SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement HOTEL STAY - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1277.78

Transaction ID : SB17.4854

Memo Item

**C. CWI INVESTIGATIONS & SECURITY**

Full Name (Last, First, Middle Initial)  
Mailing Address 485 COUNTRY OAKS DR

City EL PASO State TX Zip Code 79925

Purpose of Disbursement SECURITY SERVICES - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 1027.39

Transaction ID : SB17.4852

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2000.00

**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 37 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVIS, BEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2024
Mailing Address 420 RUTLAND ST		FEC Identification Number C
City WICHITA	State KS	Zip Code 67206
Purpose of Disbursement CAMPAIGN MANAGER RETAINER		Amount of Each Disbursement this Period 3750.00
Candidate Name		Transaction ID : SB17.4567
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAVIS, BEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2024
Mailing Address 420 RUTLAND ST		FEC Identification Number C
City WICHITA	State KS	Zip Code 67206
Purpose of Disbursement EXPENSE REIMBURSEMENT - NO EXPENSE REACHES ITEMIZATION THRESHOLD		Amount of Each Disbursement this Period 1027.02
Candidate Name		Transaction ID : SB17.4574
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVIS, BEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2024
Mailing Address 420 RUTLAND ST		FEC Identification Number C
City WICHITA	State KS	Zip Code 67206
Purpose of Disbursement CAMPAIGN MANAGER RETAINER		Amount of Each Disbursement this Period 3750.00
Candidate Name		Transaction ID : SB17.4575
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8527.02
<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 38 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVIS, BEN, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement CAMPAIGN MANAGER RETAINER		Category/ Type	Transaction ID : SB17.4576	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DAVIS, BEN, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 790.40	
Purpose of Disbursement EXPENSE REIMBURSEMENT: FARM SHOW BOOTH		Category/ Type	Transaction ID : SB17.4622	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TRADEEXPOS INC</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 811 W OAKLAND AVE			FEC Identification Number C	
City AUSTIN	State MN	Zip Code 55912	Amount of Each Disbursement this Period 790.40	
Purpose of Disbursement EVENT ATTENDANCE		Category/ Type	Transaction ID : SB17.4622.0	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8290.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVIS, BEN, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 537.10	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.4623	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DAVIS, BEN, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 29 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 206.31	
Purpose of Disbursement TRAVEL REIMBURSEMENT: CAR RENTAL		Category/ Type	Transaction ID : SB17.4624	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. HERTZ</b>			Date of Disbursement MM / DD / YYYY 01 / 25 / 2024	
Mailing Address 8501 WILLIAMS RD			FEC Identification Number C	
City ESTERO	State FL	Zip Code 33928	Amount of Each Disbursement this Period 206.31	
Purpose of Disbursement CAR RENTAL		Category/ Type	Transaction ID : SB17.4624.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	743.41
<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 40 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVIS, BEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement CAMPAIGN MANAGER RETAINER		Category/ Type	Transaction ID : SB17.4590	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DAVIS, BEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement CAMPAIGN MANAGER RETAINER		Category/ Type	Transaction ID : SB17.4596	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DAVIS, BEN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2024	
Mailing Address 420 RUTLAND ST			FEC Identification Number C	
City WICHITA	State KS	Zip Code 67206	Amount of Each Disbursement this Period 1556.59	
Purpose of Disbursement EXPENSE REIMBURSEMENT - NO EXPENSE REACHES ITEMIZATION THRESHOLD		Category/ Type	Transaction ID : SB17.4618	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16556.59
<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 41 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVIS, BEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2024
Mailing Address 420 RUTLAND ST		FEC Identification Number C
City WICHITA	State KS	Zip Code 67206
Purpose of Disbursement TRAVEL REIMBURSEMENT: HOTEL		Amount of Each Disbursement this Period 216.53
Candidate Name		Transaction ID : SB17.4619
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE HAMILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2024
Mailing Address 1001 14TH ST NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement HOTEL STAY		Amount of Each Disbursement this Period 216.53
Candidate Name		Transaction ID : SB17.4619.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVIS, BEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2024
Mailing Address 420 RUTLAND ST		FEC Identification Number C
City WICHITA	State KS	Zip Code 67206
Purpose of Disbursement TRAVEL REIMBURSEMENT: CAR RENTAL		Amount of Each Disbursement this Period 333.72
Candidate Name		Transaction ID : SB17.4620
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	550.25
<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 42 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PRICELINE**

Mailing Address 800 CONNECTICUT AVE

City NORWALK State CT Zip Code 06854

Purpose of Disbursement CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 333.72

Transaction ID : SB17.4620.0

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIS, BEN, , ,**

Mailing Address 420 RUTLAND ST

City WICHITA State KS Zip Code 67206

Purpose of Disbursement TRAVEL REIMBURSEMENT: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 306.21

Transaction ID : SB17.4621

Memo Item

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 8501 WILLIAMS RD

City ESTERO State FL Zip Code 33928

Purpose of Disbursement CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 306.21

Transaction ID : SB17.4621.0

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 306.21

**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 43 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FIRST FEDERAL SAVINGS BANK**

Mailing Address 5317 S BEND DR

City FORT WAYNE State IN Zip Code 46804

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 28 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.00

Transaction ID : SB17.4616

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOE'S SEAFOOD**

Mailing Address 750 15TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement EVENT FOOD AND BEVERAGE - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 497.85

Transaction ID : SB17.4856

Memo Item

Full Name (Last, First, Middle Initial)

**C. MADMAC**

Mailing Address 133 SHELDON STREET

City EL SEGUNDO State CA Zip Code 90245

Purpose of Disbursement AD PRODUCTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 12020.00

Transaction ID : SB17.4588

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 12035.00

**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 44 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A. MADMAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 133 SHELDON STREET

City EL SEGUNDO State CA Zip Code 90245

Purpose of Disbursement AD PRODUCTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 13682.04

Transaction ID : SB17.4594

Memo Item

**B. NEW HAVEN PRINT**

Full Name (Last, First, Middle Initial)  
Mailing Address 7531 US 930 EAST

City FORT WAYNE State IN Zip Code 46803

Purpose of Disbursement AG PLAN PRINTING - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 354.44

Transaction ID : SB17.4846

Memo Item

**C. PROSPER GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 150 W MARKET ST #500

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 150.00

Transaction ID : SB17.4582

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 13832.04

**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 45 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. PROSPER GROUP**

Mailing Address 150 W MARKET ST #500

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement DIGITAL ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 5845.73

Transaction ID : SB17.4591

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PROSPER GROUP**

Mailing Address 150 W MARKET ST #500

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement DIGITAL ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 17800.00

Transaction ID : SB17.4610

Memo Item

Full Name (Last, First, Middle Initial)  
**C. RTL OF NE IN**

Mailing Address 3106 LAKE AVE

City FORT WAYNE State IN Zip Code 46805

Purpose of Disbursement BANQUET ADMISSION/TABLE FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.4599

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 24045.73

**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 46 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - AG PLAN PRINTING		Amount of Each Disbursement this Period 354.44
Candidate Name		Transaction ID : SB17.4740
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - FLIGHT EXPENSE		Amount of Each Disbursement this Period 1834.00
Candidate Name		Transaction ID : SB17.4742
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 66.36
Candidate Name		Transaction ID : SB17.4744
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2254.80
<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 47 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - HOTEL STAY		Amount of Each Disbursement this Period 251.61
Candidate Name		Transaction ID : SB17.4746
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 13.04
Candidate Name		Transaction ID : SB17.4748
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - YARD SIGNS		Amount of Each Disbursement this Period 156.90
Candidate Name		Transaction ID : SB17.4750
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	421.55
<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 48 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - SECURITY SERVICES		Amount of Each Disbursement this Period 1027.39
Candidate Name		Transaction ID : SB17.4752
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - EVENT FOOD AND BEVERAGE		Amount of Each Disbursement this Period 60.27
Candidate Name		Transaction ID : SB17.4754
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 91.30
Candidate Name		Transaction ID : SB17.4756
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1178.96
<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 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SMITH, TIM, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 10 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			FEC Identification Number <b>C</b> H4IN03232	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Disbursement this Period 1277.78	
Purpose of Disbursement In-kind - HOTEL STAY		Category/ Type	Transaction ID : <b>SB17.4758</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 03				

Full Name (Last, First, Middle Initial) <b>B. SMITH, TIM, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 10 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			FEC Identification Number <b>C</b> H4IN03232	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Disbursement this Period 49.00	
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Category/ Type	Transaction ID : <b>SB17.4760</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 03				

Full Name (Last, First, Middle Initial) <b>C. SMITH, TIM, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 11 / 2024	
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			FEC Identification Number <b>C</b> H4IN03232	
City FORT WAYNE	State IN	Zip Code 46809	Amount of Each Disbursement this Period 497.85	
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Category/ Type	Transaction ID : <b>SB17.4762</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IN District: 03				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1824.63
<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 50 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 42.49
Candidate Name		Transaction ID : SB17.4764
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>B. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 289.20
Candidate Name		Transaction ID : SB17.4766
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. SMITH, TIM, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2024
Mailing Address 7025 OLD TRAIL RD PO BOX 9507		FEC Identification Number C H4IN03232
City FORT WAYNE	State IN	Zip Code 46809
Purpose of Disbursement In-kind - TRAVEL FOOD AND BEVERAGE		Amount of Each Disbursement this Period 110.70
Candidate Name		Transaction ID : SB17.4768
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	442.39
<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 51 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

**A. THE CAPITAL GRILLE**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement TRAVEL FOOD AND BEVERAGE - PAID BY CANDIDATE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 289.20

Transaction ID : SB17.4858

Memo Item

**B. WELLS CO GOP**

Full Name (Last, First, Middle Initial)  
Mailing Address 125 S JOHNSON ST

City BLUFFTON State IN Zip Code 46714

Purpose of Disbursement EVENT ADMISSION/SPONSORSHIP

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.4608

Memo Item

**C. WIGGINS, BRANDON, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 10517 INDIAN RIDGE DR

City FORT WAYNE State IN Zip Code 46814

Purpose of Disbursement CONTRACTOR PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.4581

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2800.00

**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 52 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. WIGGINS, BRANDON, , ,**

Mailing Address 10517 INDIAN RIDGE DR

City FORT WAYNE State IN Zip Code 46814

Purpose of Disbursement CONTRACTOR PAYMENT

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.4600

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD STE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 480.30

Transaction ID : SB17.4738

Memo Item

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

Mailing Address 1900 E 15TH ST, STE 600

City EDMOND State OK Zip Code 73013

Purpose of Disbursement POLLING

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2024

FEC Identification Number: C

Amount of Each Disbursement this Period: 41000.00

Transaction ID : SB17.4617

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 43980.30

**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 53 OF 57			
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. WPA		M M / D D / Y Y Y Y 02 / 13 / 2024	
Mailing Address 1900 E 15TH ST, STE 600		FEC Identification Number	
City EDMOND	State OK	C	
Zip Code 73013	Purpose of Disbursement VOTER CONTACT DATA	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	765.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4586	
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. WPA		M M / D D / Y Y Y Y 02 / 14 / 2024	
Mailing Address 1900 E 15TH ST, STE 600		FEC Identification Number	
City EDMOND	State OK	C	
Zip Code 73013	Purpose of Disbursement POLLING AND DATA MAPPING	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4589	
State: District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. WPA		M M / D D / Y Y Y Y 03 / 05 / 2024	
Mailing Address 1900 E 15TH ST, STE 600		FEC Identification Number	
City EDMOND	State OK	C	
Zip Code 73013	Purpose of Disbursement POLLING	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	20000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4597	
State: District:		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25765.00
<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 54 OF 57	
	<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)  
**SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WYNDHAM EL PASO AIRPORT HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2024	
Mailing Address 2027 AIRWAY BLVD			FEC Identification Number C	
City EL PASO	State TX	Zip Code 79925	Amount of Each Disbursement this Period 251.61	
Purpose of Disbursement HOTEL STAY - PAID BY CANDIDATE			Transaction ID : SB17.4850	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	557008.53

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SMITH FOR CONGRESS** Transaction ID : **SC/10.4144**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
<b>SMITH, TIM, , ,</b>			<input checked="" type="checkbox"/> Primary
Mailing Address 7025 OLD TRAIL RD PO BOX 9507			<input type="checkbox"/> General
City		State	ZIP Code
FORT WAYNE		IN	46809
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 28 / 2023	12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SMITH FOR CONGRESS** Transaction ID : **SC/10.4406**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
<b>SMITH, TIM, , ,</b>			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
7025 OLD TRAIL RD			<input type="checkbox"/> Other (specify) ▼
PO BOX 9507			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
FORT WAYNE	IN	46809	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000.00	0.00	400000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2023	M M / D D / Y Y Y Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	400000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SMITH FOR CONGRESS** Transaction ID : **SC/10.4625**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
<b>SMITH, TIM, , ,</b>			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
7025 OLD TRAIL RD			<input type="checkbox"/> Other (specify) ▼
PO BOX 9507			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
FORT WAYNE	IN	46809	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 29 / 2024	12/31/2024		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	1100000.00

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