

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Adrian Smith for Congress

ADDRESS (number and street)

3321 Avenue I

Check if different than previously reported. (ACC)

Suite 6

Scottsbluff

NE

69361

4587

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00412890

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NE

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lenora Gompert

Signature of Treasurer Electronically Filed by Lenora Gompert

Date

04

11

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Adrian Smith for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	98889.68	300524.44
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98889.68	300524.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	67750.98	237700.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	3272.13	8786.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	64478.85	228913.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164524.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Adrian Smith for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

33750.00

94651.62

(ii) Unitemized.....

7757.33

18101.83

(iii) TOTAL of contributions

41507.33

112753.45

from individuals..... ▶

0.00

1000.00

(b) Political Party Committees.....

57382.35

183570.99

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

0.00

3200.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

98889.68

300524.44

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

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

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

3272.13

8786.90

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

156.61

253.51

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

102318.42

309564.85

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67750.98	237700.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	474.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	67750.98	238175.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129957.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	102318.42
25. SUBTOTAL (add Line 23 and Line 24).....	232275.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67750.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164524.49

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 68
(check only one)

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

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)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial) Mr. Jerry Adams		Date of Receipt MM / DD / YYYY 07 / 05 / 2007
Mailing Address 187 RR 2		Transaction ID: A-Contribution4957
City Broken Bow	State Zip Code NE 68822-9616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Adams Land and Cattle	Occupation Farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Terry L Adams		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address 3425 17th Avenue		Transaction ID: A-Contribution2736
City Scottsbluff	State Zip Code NE 69361-3906	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Optometrist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Mr. Al Avery		Date of Receipt MM / DD / YYYY 07 / 26 / 2007
Mailing Address 3125 N Webb Road		Transaction ID: A-Contribution5651
City Grand Island	State Zip Code NE 68803-1349	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Woods Bros Realty	Occupation Real Estate Broker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 6 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John Baker, Jr.
Mailing Address 120 E 16th Street
City State Zip Code
Scottsbluff NE 69361-3139
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Baker & Assoc. Engineer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 09 / 24 / 2007
Transaction ID: A-Contribution4667
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Don Bouc
Mailing Address 6720 Anns Court # 82505
City State Zip Code
Lincoln NE 68516-3677
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Nelnet Retired Executive Director
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 09 / 2007
Transaction ID: A-Contribution2376
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David Crow
Mailing Address 1156 15th Street NW
City State Zip Code
Washington DC 20005-1704
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
DCLRS President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 08 / 24 / 2007
Transaction ID: A-Contribution48
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4000.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Lisa Crumrine</p> <p>Mailing Address 3118 Brentwood Boulevard</p> <p>City State Zip Code Grand Island NE 68801-7251</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Real Estate Group of Grand Island</p> <p>Occupation Realtor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 29 / 2007</p> <p>Transaction ID: A-Contribution1431</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Lonnie Davis</p> <p>Mailing Address 2514 S Locust Street</p> <p>City State Zip Code Grand Island NE 68801-8226</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Da-Ly Realty</p> <p>Occupation Broker</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 20 / 2007</p> <p>Transaction ID: A-Contribution4620</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Alan Erickson</p> <p>Mailing Address PO Box 39</p> <p>City State Zip Code North Platte NE 69103-0039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Weathercraft Co.</p> <p>Occupation Owner-President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 07 / 05 / 2007</p> <p>Transaction ID: A-Contribution2610</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Chet Fliesbach

Mailing Address 210087 Williams Drive

City State Zip Code
Scottsbluff NE 69361-5823

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

Name of Employer N.A. Occupation Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	7

Transaction ID: A-Contribution1613

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1450 O Street

City State Zip Code
Gering NE 69341-2743

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

Name of Employer Branco Inc Occupation Self Employed

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: A-Contribution5475

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael D. Gill

Mailing Address 4619 Western Avenue NW

City State Zip Code
Washington DC 20016-4339

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

Name of Employer C & M Capitollink Occupation Partner of Government Affairs

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	7

Transaction ID: A-Contribution6119

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Dan Govier</p> <p>Mailing Address 3111 Brentwood Circle</p> <p>City State Zip Code Grand Island NE 68801-7217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AG Edwards Employee</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007</p> <p>Transaction ID: A-Contribution5991</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Berniece Grewcock</p> <p>Mailing Address 2123 Mullen Road</p> <p>City State Zip Code Omaha NE 68124-1848</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N.A. Housewife</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007</p> <p>Transaction ID: A-Contribution173</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael Hauschild</p> <p>Mailing Address 3023 12th Avenue</p> <p>City State Zip Code Scottsbluff NE 69361-4581</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Scottsbluff Body & Paint Auto Body Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007</p> <p>Transaction ID: A-Contribution611</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Travis Hiner

Mailing Address 1510 Mockingbird Drive

City State Zip Code
Scottsbluff NE 69361-4900

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

Name of Employer N.A. Occupation Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	7

Transaction ID: A-Contribution2501

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Susan B Hirschmann

Mailing Address 4052 Seminary Road

City State Zip Code
Alexandria VA 22304-1646

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

Name of Employer Williams and Jensen, PLLC Occupation Consultant

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	7

Transaction ID: A-Contribution4784

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Harry Hoch, Jr.

Mailing Address PO Box 1646

City State Zip Code
Grand Island NE 68802-1646

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

Name of Employer H&H Distributors Occupation Beer Distributor

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

Transaction ID: A-Contribution1127

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Casey Iverson

Mailing Address PO Box 2371

City State Zip Code
Grand Island NE 68802-2371

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

Name of Employer Self Occupation Chiropractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: A-Contribution1185

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Steve Kirby

Mailing Address 122 S. Phillips Bluestern Capital Ste. 300

City State Zip Code
Sioux Falls SD 57104

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

Name of Employer BlueStem Occupation Venture Capitalist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	7

Transaction ID: A-Contribution1790

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Percy Kirk

Mailing Address 19407 Howe Circle

City State Zip Code
Omaha NE 68130-5015

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

Name of Employer Cox Communications Occupation Regional Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	7

Transaction ID: A-Contribution341

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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 12 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Patricia Koch</p> <p>Mailing Address 186 Burnham Drive</p> <p>City State Zip Code Alliance NE 69301-2119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer n.a Occupation Homemaker</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 7</p> <p>Transaction ID: A-Contribution1038</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mr. Hod Kosman</p> <p>Mailing Address 190498 County Road G</p> <p>City State Zip Code Scottsbluff NE 69361-5702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Platte Valley National Bank Occupation President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7</p> <p>Transaction ID: A-Contribution4999</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Robert Lundeen</p> <p>Mailing Address PO Box 1655</p> <p>City State Zip Code North Platte NE 69103-1655</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mid America Bio Energy & Commodities L Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7</p> <p>Transaction ID: A-Contribution2375</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	4300.00
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 13 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Hon. Vickie McDonald

Mailing Address 1104 Westridge Lane

City State Zip Code
Saint Paul NE 68873-6803

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

Name of Employer State Of Nebraska Occupation Senator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: A-Contribution1973

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Don Mehring

Mailing Address 3421 State Street, Plaza #4

City State Zip Code
Grand Island NE 68803

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

Name of Employer Mehring Enterprises Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 28 / 2007

Transaction ID: A-Contribution2824

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Morledge

Mailing Address 2207 Stagecoach Road

City State Zip Code
Grand Island NE 68801-7345

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

Name of Employer Credit Management Services Occupation Credit Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: A-Contribution3697

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 14 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Monte Neilan

Mailing Address Douglas Kelly Ostdiek Bartels
105 E 16th St

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Occupation
Douglas Kelly Ostdiek Bartels Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: A-Contribution4302

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael Nelson

Mailing Address 2109 Wilderness Ridge Drive

City State Zip Code
Lincoln NE 68512-9291

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

Name of Employer Occupation
First Tier Bank Banker

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: A-Contribution4126

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gregory Neuhaus

Mailing Address 205 S Cedar Street
Suite 150

City State Zip Code
Grand Island NE 68801-6593

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

Name of Employer Occupation
Self Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2007

Transaction ID: A-Contribution4702

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 15 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Ray P. Oden, Jr.		Date of Receipt MM / DD / YYYY 07 / 28 / 2007
	Mailing Address 702 Thora Boulevard		Transaction ID: A-Contribution4513
	City Shreveport	State LA	Zip Code 71106-1824
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer N.A.	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Ms. Shirley Oliver		Date of Receipt MM / DD / YYYY 07 / 26 / 2007
	Mailing Address 1410 Grand Avenue		Transaction ID: A-Contribution4647
	City Grand Island	State NE	Zip Code 68801-7412
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Town & Country Bank	Occupation Banker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Hon. Donald Overman		Date of Receipt MM / DD / YYYY 09 / 04 / 2007
	Mailing Address 2201 7th Avenue		Transaction ID: A-Contribution812
	City Scottsbluff	State NE	Zip Code 69361-2109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Overman and Associates	Occupation Insurance Sales	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 16 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Joy Philippi

Mailing Address 2334 Highway 81

City State Zip Code
Bruning NE 68322-4018

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

Name of Employer Self Occupation Farmer

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2007

Transaction ID: A-Contribution5664

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Evelyn Raymond

Mailing Address 2835 Applewood Road

City State Zip Code
Gering NE 69341-1533

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

Name of Employer n.a Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2007

Transaction ID: A-Contribution2973

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Pete Ricketts

Mailing Address 6450 Prairie Avenue

City State Zip Code
Omaha NE 68132-2746

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

Name of Employer Self Employed Occupation U.S. Senate Candidate

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2007

Transaction ID: A-Contribution4339

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 17 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Judith Rosenkotter
Mailing Address 3115 Goldenrod Drive
City Grand Island State NE Zip Code 68801-8760
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 26 / 2007
Transaction ID: A-Contribution5498
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Scott Sakala
Mailing Address 190520 Highway 26
City Scottsbluff State NE Zip Code 69361-8512
FEC ID number of contributing federal political committee. **C**
Name of Employer Hitches Galore Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 06 / 2007
Transaction ID: A-Contribution3808
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Greg Sanchez
Mailing Address 819 N Diers Avenue Suite 4
City Grand Island State NE Zip Code 68803-4957
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation State Farm Insurance and Financial Ser
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 23 / 2007
Transaction ID: A-Contribution5655
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
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 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Jeff Scheinost
Mailing Address 70455 County Road 20
City State Zip Code
Scottsbluff NE 69361-5116
FEC ID number of contributing federal political committee. **C**
Name of Employer High Plains Budweiser Occupation Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 01 / 2007
Transaction ID: A-Contribution5147
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeff Scheinost
Mailing Address 70455 County Road 20
City State Zip Code
Scottsbluff NE 69361-5116
FEC ID number of contributing federal political committee. **C**
Name of Employer High Plains Budweiser Occupation Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 15 / 2007
Transaction ID: A-Contribution4404
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bill Snodgrass
Mailing Address U-Save Pharmacy
605 E Francis Street
City State Zip Code
North Platte NE 69101
FEC ID number of contributing federal political committee. **C**
Name of Employer U Save Pharmacy Occupation Pharmacist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 11 / 2007
Transaction ID: A-Contribution1627
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
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 19 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. John Stinner

Mailing Address 2310 17th Street

City State Zip Code
Gering NE 69341-2047

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

Name of Employer Occupation
Valley Bank & Trust President

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2007

Transaction ID: A-Contribution3640

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin Stocker

Mailing Address PO Box 1432

City State Zip Code
Scottsbluff NE 69363-1432

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

Name of Employer Occupation
AmeriStar Transportation Group CEO

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2007

Transaction ID: A-Contribution6061

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel Thayer

Mailing Address 2604 Cottonwood Road

City State Zip Code
Grand Island NE 68801-7546

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

Name of Employer Occupation
Lawmitser, Brownell Attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2007

Transaction ID: A-Contribution2690

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

900.00

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 20 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mrs. Jan Thayer</p> <p>Mailing Address 2307 Stagecoach Road</p> <p>City State Zip Code Grand Island NE 68801-7347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Riverside Lodge Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7</p> <p>Transaction ID: A-Contribution1236</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Gary M. Trego</p> <p>Mailing Address 3221 W Leota Street</p> <p>City State Zip Code North Platte NE 69101-0322</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Trego Dugan Aviation of Grand Island President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7</p> <p>Transaction ID: A-Contribution2483</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Hon. Joseph Vavricek</p> <p>Mailing Address 2729 Brentwood Boulevard</p> <p>City State Zip Code Grand Island NE 68801-7272</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Grand Island Family Radio Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7</p> <p>Transaction ID: A-Contribution2348</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
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 21 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Linda Westfall

Mailing Address 404 Hanson Lane

City State Zip Code
Alexandria VA 22302-4210

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

Name of Employer Occupation
Kraft Foods Global, Inc. Director Government Affairs

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: A-Contribution3826

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David Wetherilt

Mailing Address 211 W 3rd Street

City State Zip Code
Grand Island NE 68801-5915

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

Name of Employer Occupation
FairVantage Realty Realtor

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: A-Contribution2758

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Timothy White

Mailing Address Central Bio-Energy LLC
308 N. Locust Street

City State Zip Code
Grand Island NE 68801

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

Name of Employer Occupation
Central BioEnergy

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2007

Transaction ID: A-Contribution3772

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 22 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Bus Whitehead

Mailing Address 2433 Woodscrest Avenue

City Lincoln State NE Zip Code 68502-4054

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

Name of Employer Whitehead Oil Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2007

Transaction ID: A-Contribution1611

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Whitehead

Mailing Address 4605 S 98th Street

City Lincoln State NE Zip Code 68526-9420

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

Name of Employer Whitehead Oil Occupation Employee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2007

Transaction ID: A-Contribution3954

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Ms. Elaine Wolf

Mailing Address 1015 S 6th Street

City Albion State NE Zip Code 68620-1705

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2007

Transaction ID: A-Contribution4146

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Michael Yanney

Mailing Address 1700 Farnam Street
Suite 2850

City State Zip Code
Omaha NE 68102-2076

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

Name of Employer Burlington Capital Group Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	7

Transaction ID: A-Contribution805

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Penny Yekel

Mailing Address 1327 Meadowlark Drive

City State Zip Code
Scottsbluff NE 69361-4918

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

Name of Employer Print Express Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	7

Transaction ID: A-Contribution2904

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 6 21st Avenue Place

City State Zip Code
Kearney NE 68845-4245

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

Name of Employer Holiday Inn Occupation Self

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	7

Transaction ID: A-Contribution5985

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ► **33750.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
AG PROCESSING INC POLITICAL ACTION COMMITTEE, AGPAC

Mailing Address PO Box 2047

City State Zip Code
Omaha NE 68103-2047

FEC ID number of contributing federal political committee. **C** C00207308

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2007

Transaction ID: A-Contribution3202

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
AG PROCESSING INC POLITICAL ACTION COMMITTEE, AGPAC

Mailing Address PO Box 2047

City State Zip Code
Omaha NE 68103-2047

FEC ID number of contributing federal political committee. **C** C00207308

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2007

Transaction ID: A-Contribution3560

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
American Bankers Association

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036-3902

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: A-Contribution3383

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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 25 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
American Chiropractic Association Political Action Committee

Mailing Address 1701 Clarendon Boulevard

City State Zip Code
Arlington VA 22209-2799

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2007

Transaction ID: A-Contribution3456

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
American Council of Engineering Companies (ACEC/PAC)

Mailing Address 1015 15th Street NW
Suite 802

City State Zip Code
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: A-Contribution3189

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Surgical Hospital Association, Inc. - PAC

Mailing Address 910 E 20th Street

City State Zip Code
Sioux Falls SD 57105-1012

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: A-Contribution3237

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 26 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Anheuser Busch Companies Inc. Political Action Committee

Mailing Address 1 Busch Place
202-5

City State Zip Code
Saint Louis MO 63118-1849

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 7

Transaction ID: A-Contribution3394

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
ASH GROVE CEMENT POLITICAL ACTION COMMITTEE

Mailing Address PO Box 25900

City State Zip Code
Overland Park KS 66225-5900

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 5 / 2 0 0 7

Transaction ID: A-Contribution3621

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Associated Milk Producers Inc. Political Action Committee

Mailing Address PO Box 455

City State Zip Code
New Ulm MN 56073-0455

FEC ID number of contributing federal political committee. **C** C00330696

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 0 7

Transaction ID: A-Contribution3096

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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 27 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Blue Cross And Blue Shield Of Nebraska P
Mailing Address 7261 Mercy Road

City State Zip Code
Omaha NE 68180-0001

FEC ID number of contributing federal political committee. **C** C00276311

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 0 7

Transaction ID: A-Contribution3488

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Build Political Action Committee of the National Association of Home Builders
Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: A-Contribution3433

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Chiropractors of Nebraska
Mailing Address 414 S 11th Street

City State Zip Code
Lincoln NE 68508-2104

FEC ID number of contributing federal political committee. **C** C00043471

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: A-Contribution3229

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 28 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Chiropractors of Nebraska
Mailing Address 414 S 11th Street
City Lincoln State NE Zip Code 68508-2104
FEC ID number of contributing federal political committee. **C** C00043471
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3600.00
Date of Receipt 08 / 24 / 2007
Transaction ID: A-Contribution3438
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION
Mailing Address 601 Pennsylvania Avenue NW
City Washington State DC Zip Code 20004-2601
FEC ID number of contributing federal political committee. **C** C00007880
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00
Date of Receipt 08 / 25 / 2007
Transaction ID: A-Contribution3385
Amount of Each Receipt this Period 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee of the National Automobile Dealers Association
Mailing Address 8400 Westpark Drive
City Mc Lean State VA Zip Code 22102-5116
FEC ID number of contributing federal political committee. **C** C00040998
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 07 / 05 / 2007
Transaction ID: A-Contribution3236
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
FIRST NATIONAL OF NEBRASKA PAC

Mailing Address 1620 Dodge Street
Stop 3395

City Omaha State NE Zip Code 68197-0003

FEC ID number of contributing federal political committee. **C** C00300863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 13 / 2007
Transaction ID: A-Contribution3538
 Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
For Americas Republican Party Majority PAC (FARM PAC)

Mailing Address 675 N Washington Street
Suite 410

City Alexandria State VA Zip Code 22314-1939

FEC ID number of contributing federal political committee. **C** C00409672

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2007
Transaction ID: A-Contribution3256
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Freedom Project; The

Mailing Address 424 C Street NE
Basement UNIT

City Washington State DC Zip Code 20002-5818

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 882.35

Date of Receipt 08 / 16 / 2007
Transaction ID: A-I3403
 Amount of Each Receipt this Period 882.35

Inkind: Ground transportation, bus and d
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4382.35**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Avenue NW
Suite 500

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2007

Transaction ID: A-Contribution3472

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Honeywell International Political Action Committee

Mailing Address 101 Constitution Avenue NW
Suite 500

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: A-Contribution3413

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
Midamerican Energy Co Executive Pac

Mailing Address 666 Grand Avenue

City State Zip Code
Des Moines IA 50309-2506

FEC ID number of contributing federal political committee. **C** C00324483

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: A-Contribution3155

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
MUTUAL OF OMAHA COMPANIES PAC (IMPAC)
Mailing Address Mutual of Omaha Plaza

City State Zip Code
Omaha NE 68175

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 17 / 2007

Transaction ID: A-Contribution3119

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors PAC
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2007

Transaction ID: A-Contribution3439

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE
Mailing Address 430 N Michigan Avenue

City State Zip Code
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2007

Transaction ID: A-Contribution3161

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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 32 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 E Nichols Avenue

City State Zip Code
Centennial CO 80112-3450

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2274.95

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: A-Contribution3302

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Mailing Address 50 F Street NW
Suite 900

City State Zip Code
Washington DC 20001-1530

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: A-Contribution3312

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
National Ready Mixed Concrete Assn. PAC

Mailing Address 900 Spring Street

City State Zip Code
Silver Spring MD 20910-4015

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2007

Transaction ID: A-Contribution3577

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL STONE SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: A-Contribution3515

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address 235 E 42nd Street

City State Zip Code
New York NY 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2007

Transaction ID: A-Contribution3504

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Physical Therapy Political Action Committee PT-PAC

Mailing Address 1111 N Fairfax Street

City State Zip Code
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2007

Transaction ID: A-Contribution3311

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 34 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address PO Box 10383

City State Zip Code
Des Moines IA 50306-0383

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2007

Transaction ID: A-Contribution3213

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Southern Minnesota Beet Sugar Cooperative Political Action Committee

Mailing Address PO Box 500

City State Zip Code
Renville MN 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: A-Contribution3100

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Swift & Company Political Action Committee

Mailing Address 1770 Promontory Circle

City State Zip Code
Greeley CO 80634-9039

FEC ID number of contributing federal political committee. **C** C00394650

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: A-Contribution3610

Amount of Each Receipt this Period
4000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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 35 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Union Pacific Corp. Fund For Effective Government

Mailing Address 600 13th Street NW
Suite 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY
09 / 11 / 2007

Transaction ID: A-Contribution3521

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
UNITED EGG ASSOCIATION EGGPAC

Mailing Address 1720 Windward Concourse
Suite 230

City Alpharetta State GA Zip Code 30005-2289

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
09 / 28 / 2007

Transaction ID: A-Contribution3321

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 1200 W 49th Street

City Hialeah State FL Zip Code 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
09 / 29 / 2007

Transaction ID: A-Contribution3444

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ► 57382.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Adrian Smith for Congress
--

A.	Full Name (Last, First, Middle Initial) Greener and Hook	Date of Receipt
	Mailing Address 3101 Wilson Boulevard Suite 810	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City State Zip Code Arlington VA 22201-4445	Transaction ID: A-O3052
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="3272.13"/>
	Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="3272.13"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3272.13"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3272.13"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive
City State Zip Code
Scottsbluff NE 69361-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
253.51
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2007
Transaction ID: A-M3083
Amount of Each Receipt this Period
27.95
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive
City State Zip Code
Scottsbluff NE 69361-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
253.51
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007
Transaction ID: A-M3076
Amount of Each Receipt this Period
40.67
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Platte Valley National Bank
Mailing Address 1212 Circle Drive
City State Zip Code
Scottsbluff NE 69361-2790
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
253.51
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2007
Transaction ID: A-M3087
Amount of Each Receipt this Period
45.79
Interest
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **114.41**
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 38 / 68	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial) Platte Valley National Bank		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 1212 Circle Drive		Transaction ID: A-M3065
City Scottsbluff	State NE	Zip Code 69361-2790
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.20	
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 253.51	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

SUBTOTAL of Receipts This Page (optional)	42.20
TOTAL This Period (last page this line number only)	156.61

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Accurate Word	Transaction ID: B-E-11336 Date of Disbursement 07 / 11 / 2007
	Mailing Address PO Box 1765	Amount of Each Disbursement this Period 3602.00
	City White Plains State MD Zip Code 20695-1765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Cards and envelopes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alltel	Transaction ID: B-E-10637 Date of Disbursement 07 / 25 / 2007
	Mailing Address PO Box 94255	Amount of Each Disbursement this Period 136.01
	City Palatine State IL Zip Code 60094-4255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alltel	Transaction ID: B-E-10551 Date of Disbursement 08 / 24 / 2007
	Mailing Address PO Box 94255	Amount of Each Disbursement this Period 136.01
	City Palatine State IL Zip Code 60094-4255	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3874.02
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 40 / 68

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Alltel Mailing Address PO Box 94255 City Palatine State IL Zip Code 60094-4255 Purpose of Disbursement Other: Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-11054 Date of Disbursement 09 / 14 / 2007 Amount of Each Disbursement this Period 138.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Technology Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11153 Date of Disbursement 07 / 29 / 2007 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Ca- rds(07/29/07)
C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Technology Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-10037 Date of Disbursement 09 / 20 / 2007 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Ca- rds(09/20/07)

SUBTOTAL of Disbursements This Page (optional) ▶	138.21
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)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Banners Signs Promotions & More</p> <p>Mailing Address 7801 Woolworth Avenue</p> <p>City Omaha State NE Zip Code 68124-1450</p> <p>Purpose of Disbursement Other: signage and banner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11156 Date of Disbursement: 09 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 369.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-10049 Date of Disbursement: 07 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1132.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(07/29/07)</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Fundraising Planning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-10382 Date of Disbursement: 07 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 261.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(07/29/07)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

369.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: B-S-11270 Date of Disbursement 07 / 29 / 2007
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 51.27
	City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
	Purpose of Disbursement Fundraising Planning Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: B-S-11414 Date of Disbursement 08 / 27 / 2007
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 45.12
	City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(08/27/07)
	Purpose of Disbursement Fundraising planning Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: B-S-11753 Date of Disbursement 09 / 20 / 2007
	Mailing Address 300 1st Street SE	Amount of Each Disbursement this Period 76.92
	City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(09/20/07)
	Purpose of Disbursement Fundraising planning Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-E-11765 Date of Disbursement 07 / 29 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 5963.32
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Credit Card Payment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-S-10107 Date of Disbursement 07 / 29 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 55.97
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card interest/fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Citi Cards(07/29/07)

C.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-S-10359 Date of Disbursement 07 / 29 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 69.16
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card interest/fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Citi Cards(07/29/07)

SUBTOTAL of Disbursements This Page (optional)	5963.32
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Citi Cards Mailing Address PO Box 688903 City Des Moines State IA Zip Code 50368-8903 Purpose of Disbursement credit card interest/fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-10541 Date of Disbursement 07 / 29 / 2007 Amount of Each Disbursement this Period 41.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
	Category/Type	Category/Type

B. Full Name (Last, First, Middle Initial) Citi Cards Mailing Address PO Box 688903 City Des Moines State IA Zip Code 50368-8903 Purpose of Disbursement credit card interest/fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-10545 Date of Disbursement 07 / 29 / 2007 Amount of Each Disbursement this Period 58.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
	Category/Type	Category/Type

C. Full Name (Last, First, Middle Initial) Citi Cards Mailing Address PO Box 688903 City Des Moines State IA Zip Code 50368-8903 Purpose of Disbursement Credit card interest/fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11100 Date of Disbursement 07 / 29 / 2007 Amount of Each Disbursement this Period 98.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
	Category/Type	Category/Type

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-S-11195 Date of Disbursement 07 / 29 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 64.76
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card interest/fees	[MEMO ITEM]
	Candidate Name	Subitemization of Citi Cards(07/29/07)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-S-11358 Date of Disbursement 07 / 29 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 55.34
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card interest/fees	[MEMO ITEM]
	Candidate Name	Subitemization of Citi Cards(07/29/07)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-E-11700 Date of Disbursement 08 / 27 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 697.45
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Credit Card Payment	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

697.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-S-11376 Date of Disbursement 08 / 27 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 57.52
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(08/27/07)
	Purpose of Disbursement Credit card interest/fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citi Cards	Transaction ID: B-E-11502 Date of Disbursement 09 / 20 / 2007
	Mailing Address PO Box 688903	Amount of Each Disbursement this Period 2990.96
	City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Credit Card Payment	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Airlines, Inc.	Transaction ID: B-S-10357 Date of Disbursement 07 / 29 / 2007
	Mailing Address Washington National Airport	Amount of Each Disbursement this Period 569.29
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2990.96
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Dismal River Club	Transaction ID: B-E-10016 Date of Disbursement 09 / 29 / 2007
	Mailing Address County Rd HC 3 P.O. Box A	Amount of Each Disbursement this Period 10786.69
	City Mullen State NE Zip Code 69152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Fundraising Supplies Expense/L	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fedex Corporation	Transaction ID: B-S-10080 Date of Disbursement 07 / 29 / 2007
	Mailing Address 942 S Shady Grove Road	Amount of Each Disbursement this Period 28.60
	City Memphis State TN Zip Code 38120-4117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Citi Cards(07/29/07)

C.	Full Name (Last, First, Middle Initial) Fedex Corporation	Transaction ID: B-S-10117 Date of Disbursement 07 / 29 / 2007
	Mailing Address 942 S Shady Grove Road	Amount of Each Disbursement this Period 59.74
	City Memphis State TN Zip Code 38120-4117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Citi Cards(07/29/07)

SUBTOTAL of Disbursements This Page (optional)	▶	10786.69
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Fedex Corporation <hr/> Mailing Address 942 S Shady Grove Road <hr/> City Memphis State TN Zip Code 38120-4117 <hr/> Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11253 Date of Disbursement 07 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 18.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
B.	Full Name (Last, First, Middle Initial) Fedex Corporation <hr/> Mailing Address 942 S Shady Grove Road <hr/> City Memphis State TN Zip Code 38120-4117 <hr/> Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11322 Date of Disbursement 07 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 22.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(07/29/07)
C.	Full Name (Last, First, Middle Initial) Fedex Corporation <hr/> Mailing Address 942 S Shady Grove Road <hr/> City Memphis State TN Zip Code 38120-4117 <hr/> Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-11218 Date of Disbursement 09 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 91.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citi Cards(09/20/07)

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Freedom Project; The</p> <p>Mailing Address 424 C Street NE Basement UNIT</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement Inkind: Ground transportation, bus and</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-3403 Date of Disbursement 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 882.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Grandpas Steakhouse</p> <p>Mailing Address 13 S Central Avenue</p> <p>City Kearney State NE Zip Code 68847-7906</p> <p>Purpose of Disbursement Fundraising Dinner Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-10090 Date of Disbursement 09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 749.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citi Cards(09/20/07)</p>
<p>C. Full Name (Last, First, Middle Initial) Hammond & Associates</p> <p>Mailing Address PO Box 368</p> <p>City Falls Church State VA Zip Code 22040-0368</p> <p>Purpose of Disbursement Other: PAC Consulting and Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11764 Date of Disbursement 07 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2907.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3789.40

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address PO Box 368 City Falls Church State VA Zip Code 22040-0368 Purpose of Disbursement Other: PAC Consulting and Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-10436 Date of Disbursement 08 / 09 / 2007 Amount of Each Disbursement this Period 2529.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address PO Box 368 City Falls Church State VA Zip Code 22040-0368 Purpose of Disbursement Other: PAC Consulting and Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-11236 Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 2171.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Heartland Campaign Management Mailing Address PO Box 241142 City Omaha State NE Zip Code 68124-5142 Purpose of Disbursement Other: Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-11418 Date of Disbursement 07 / 11 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5700.55

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Fundraising: Fundraising Services

Candidate Name

003
Category/
Type

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

State: District:

Transaction ID: B-E-11238
Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

178.75

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

B. Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Fundraising: Fundraising Services

Candidate Name

003
Category/
Type

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

State: District:

Transaction ID: B-E-11257
Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

4987.10

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

C. Full Name (Last, First, Middle Initial)
Heartland Campaign Management

Mailing Address PO Box 241142

City Omaha State NE Zip Code 68124-5142

Purpose of Disbursement
Other: Fundraising

Candidate Name

Category/
Type

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

State: District:

Transaction ID: B-E-11476
Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

6165.85

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Heartland Campaign Management</p> <p>Mailing Address PO Box 241142</p> <p>City Omaha State NE Zip Code 68124-5142</p> <p>Purpose of Disbursement Other: Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-10255</p> <p>Date of Disbursement 09 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Heartland Campaign Management</p> <p>Mailing Address PO Box 241142</p> <p>City Omaha State NE Zip Code 68124-5142</p> <p>Purpose of Disbursement Fundraising: Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11569</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 898.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Inventive Media</p> <p>Mailing Address PO Box 2231</p> <p>City Scottsbluff State NE Zip Code 69363-2231</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-10483</p> <p>Date of Disbursement 07 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2198.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: Consulting/Fundraising Service

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11268
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: Consulting/Fundraising Service

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11110
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: Consulting/Fundraising Service

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10388
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: List Development

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11775

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

313.61

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

B.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: Consulting/Fundraising Service

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10578

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

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

C.

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

Mailing Address 2937 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement
Other: Data Support Services

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10539

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

1813.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement

Other: President's Dinner

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10670

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

5000.00

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

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

Mailing Address 1610 N Street

City Lincoln State NE Zip Code 68508-1871

Purpose of Disbursement

Other: Table at event

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10663

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

400.00

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

C. Full Name (Last, First, Middle Initial)
OH-K Fast Print

Mailing Address 2923 S 120th Street

City Omaha State NE Zip Code 68144-4310

Purpose of Disbursement

Other: Stationer Products/Printing

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11378

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

5550.39

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

SUBTOTAL of Disbursements This Page (optional)

10950.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) OH-K Fast Print	Transaction ID: B-E-10510 Date of Disbursement 07 / 30 / 2007
	Mailing Address 2923 S 120th Street	Amount of Each Disbursement this Period 382.39
	City Omaha State NE Zip Code 68144-4310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Stationery Products Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OH-K Fast Print	Transaction ID: B-E-11770 Date of Disbursement 08 / 17 / 2007
	Mailing Address 2923 S 120th Street	Amount of Each Disbursement this Period 439.13
	City Omaha State NE Zip Code 68144-4310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Stationery Products Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plaza Financial	Transaction ID: B-E-10363 Date of Disbursement 09 / 29 / 2007
	Mailing Address 3321 Avenue I	Amount of Each Disbursement this Period 50.00
	City Scottsbluff State NE Zip Code 69361-4586	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: August Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	871.52
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Plaza Financial

Transaction ID: B-E-11295
Date of Disbursement

Mailing Address 3321 Avenue I

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	7	7

City State Zip Code
Scottsbluff NE 69361-4586

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Other: September Office Rent
Candidate Name

Category/ Type

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

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

B.

Full Name (Last, First, Middle Initial)
Plaza Financial

Transaction ID: B-E-11659
Date of Disbursement

Mailing Address 3321 Avenue I

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	7	7

City State Zip Code
Scottsbluff NE 69361-4586

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Other: July Office Rent
Candidate Name

Category/ Type

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

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

C.

Full Name (Last, First, Middle Initial)
Riverside Golf Club

Transaction ID: B-E-11301
Date of Disbursement

Mailing Address PO Box 247

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	7	7

City State Zip Code
Grand Island NE 68802-0247

Amount of Each Disbursement this Period

973.31

Purpose of Disbursement
Other: Catering Costs
Candidate Name

Category/ Type

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

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

SUBTOTAL of Disbursements This Page (optional)

1073.31

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Sage Payment Solutiions</p> <p>Mailing Address 1501 Farm Credit Drive Suite 1500</p> <p>City Mclean State VA Zip Code 22102-5007</p> <p>Purpose of Disbursement Other: Electronic withdrawal - proces</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11652 Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 29.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sage Payment Solutiions</p> <p>Mailing Address 1501 Farm Credit Drive Suite 1500</p> <p>City Mclean State VA Zip Code 22102-5007</p> <p>Purpose of Disbursement Other: Electronic Withdrawal Processi</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11545 Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 29.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sand Hills Golf Club</p> <p>Mailing Address PO Box 8</p> <p>City Mullen State NE Zip Code 69152-0008</p> <p>Purpose of Disbursement Other: Party Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-11560 Date of Disbursement 09 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 669.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

729.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Scottsbluff Screenprinting	Transaction ID: B-E-11216 Date of Disbursement 07 / 15 / 2007
	Mailing Address 1813 Broadway	Amount of Each Disbursement this Period 306.02
	City Scottsbluff State NE Zip Code 69361-2435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Shirt printing	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Scottsbluff Screenprinting	Transaction ID: B-E-10291 Date of Disbursement 08 / 09 / 2007
	Mailing Address 1813 Broadway	Amount of Each Disbursement this Period 657.52
	City Scottsbluff State NE Zip Code 69361-2435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Shirt Printing	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-S-10024 Date of Disbursement 08 / 27 / 2007
	Mailing Address 1711 Frontage Road	Amount of Each Disbursement this Period 43.08
	City Scottsbluff State NE Zip Code 69361-2780	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Subitemization of Citi Ca-
rds(08/27/07)

SUBTOTAL of Disbursements This Page (optional) ►

963.54

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 60 / 68

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-S-10133
	Mailing Address 1711 Frontage Road	Date of Disbursement 09 / 20 / 2007
	City State Zip Code Scottsbluff NE 69361-2780	Amount of Each Disbursement this Period 67.38
	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Subitemization of Citi Ca- rds(09/20/07)
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-E-11455
	Mailing Address 1711 Frontage Road	Date of Disbursement 09 / 24 / 2007
	City State Zip Code Scottsbluff NE 69361-2780	Amount of Each Disbursement this Period 75.63
	Purpose of Disbursement Other: Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Summit Christian College	Transaction ID: B-E-10006
	Mailing Address PO Box 1227	Date of Disbursement 07 / 15 / 2007
	City State Zip Code Scottsbluff NE 69363-1227	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Other: Charitable Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	375.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.	Full Name (Last, First, Middle Initial) Target	Transaction ID: B-E-11517 Date of Disbursement
	Mailing Address 1401 Frontage Road	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City State Zip Code Scottsbluff NE 69361-2773	Amount of Each Disbursement this Period
	Purpose of Disbursement Other: Regalia	<input type="text" value="10.58"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: B-S-11646 Date of Disbursement
	Mailing Address 400 1st Street SE	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City State Zip Code Washington DC 20003-1826	Amount of Each Disbursement this Period
	Purpose of Disbursement Event food	<input type="text" value="572.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citi Ca- rds(07/29/07)
	State: District:	

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B-S-10201 Date of Disbursement
	Mailing Address 201 2nd St	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City State Zip Code Melbeta NE 69355	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="42.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citi Ca- rds(07/29/07)
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11123
Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

206.00

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

[MEMO ITEM]

Subitemization of Citi Cards(07/29/07)

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11308
Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

82.00

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

[MEMO ITEM]

Subitemization of Citi Cards(07/29/07)

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11639
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

127.60

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

SUBTOTAL of Disbursements This Page (optional) ▶

127.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11079

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

153.19

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

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-10046

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

370.00

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

[MEMO ITEM]

Subitemization of Citi Cards(08/27/07)

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-10108

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

41.00

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

[MEMO ITEM]

Subitemization of Citi Cards(08/27/07)

SUBTOTAL of Disbursements This Page (optional) ▶

153.19

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11108

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

7.70

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

[MEMO ITEM]

Subitemization of Citi Ca-
rds(08/27/07)

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11259

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

123.00

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

[MEMO ITEM]

Subitemization of Citi Ca-
rds(08/27/07)

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Other: Postage September Mailing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11629

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

1740.55

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

SUBTOTAL of Disbursements This Page (optional)

1740.55

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 65 / 68

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11624

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

82.00

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

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 201 2nd St

City Melbeta State NE Zip Code 69355

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11335

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

206.00

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

[MEMO ITEM]

Subitemization of Citi Cards(09/20/07)

C.

Full Name (Last, First, Middle Initial)
Universal Info Services

Mailing Address 1623 Farnam Street
Suite 600

City Omaha State NE Zip Code 68102-2108

Purpose of Disbursement
Clipping Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11421

Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

165.55

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

[MEMO ITEM]

Subitemization of Citi Cards(07/29/07)

SUBTOTAL of Disbursements This Page (optional)

82.00

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)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Universal Info Services

Mailing Address 1623 Farnam Street
Suite 600

City Omaha State NE Zip Code 68102-2108

Purpose of Disbursement
Clipping Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-11423
Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

128.11

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

[MEMO ITEM]

Subitemization of Citi Cards(07/29/07)

B.

Full Name (Last, First, Middle Initial)
York Promotional Products

Mailing Address 1618 Road N
A

City York State NE Zip Code 68467-8230

Purpose of Disbursement
Other: Promotional products

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10653
Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1363.55

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

C.

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

Mailing Address 3321 Avenue I

City Scottsbluff State NE Zip Code 69361-4586

Purpose of Disbursement
Other: Reimburse Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-11044
Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

41.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1404.55

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

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

Transaction ID: B-E-10791
Date of Disbursement

Mailing Address 3321 Avenue I

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	7	7

City State Zip Code
Scottsbluff NE 69361-4586

Amount of Each Disbursement this Period

41.00

Purpose of Disbursement
Other: Reimburse for postage
Candidate Name

Category/
Type

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

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Amanda Temoshek

Transaction ID: B-E-10766
Date of Disbursement

Mailing Address 10312 S 177th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	7	7

City State Zip Code
Omaha NE 68136-1974

Amount of Each Disbursement this Period

102.51

Purpose of Disbursement
Fundraising: Fundraising Services
Candidate Name

003
Category/
Type

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

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

C.

Full Name (Last, First, Middle Initial)
Denise Wright

Transaction ID: B-E-10957
Date of Disbursement

Mailing Address 1600 S Street

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	7	7

City State Zip Code
Gering NE 69341-2346

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Other: Report Preparation
Candidate Name

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional)

643.51

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A.

Full Name (Last, First, Middle Initial)
Denise Wright

Mailing Address 1600 S Street

City Gering State NE Zip Code 69341-2346

Purpose of Disbursement
Other: Report Preparation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10774
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Denise Wright

Mailing Address 1600 S Street

City Gering State NE Zip Code 69341-2346

Purpose of Disbursement
Other: Report Preparation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-10898
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

67614.13