

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED.
CLERK OF THE SENATE

1989 JUL 31 AM 9:06

2. FEC IDENTIFICATION NUMBER
HAND DELIVERED ☐
C 00 236 208

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

1. NAME OF COMMITTEE (in full)

Bob Smith for U.S. Senate

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 186

CITY, STATE and ZIP CODE

New Durham, N.H. 03855

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☐ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

_____ in the State of _____

☒ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/89 through 6/30/89		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	129,698.52	129,698.52
(b) Total Contribution Refunds (from Line 20(d))	—	—
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	129,698.52	129,698.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17,823.53	17,823.53
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	17,823.53	17,823.53
8. Cash on Hand at Close of Reporting Period (from Line 27)	127,764.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

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

MURIEL T. McNulty

Signature of Treasurer

Muriel T. McNulty

Date

7/26/89

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)

Bob Smith for U.S. Senate

Report Covering the Period:

From: *4/1/89* To: *6/30/89*

I. RECEIPTS

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) Total of contributions from individuals

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))

COLUMN A
Total This Period

COLUMN B
Calendar Year-To-Date

63,430.00

20,221.00

83,651.00

247.52

45,800.00

—

129,698.52

83,651.00

247.52

45,800.00

—

129,698.52

11(a)(i)

11(a)(ii)

11(a)(iii)

11(b)

11(c)

11(d)

11(e)

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.

15,822.61

15,822.61

12

13. LOANS:

(a) Made or Guaranteed by the Candidate

(b) All Other Loans

(c) TOTAL LOANS (add 13(a) and (b))

—

—

—

—

—

—

13(a)

13(b)

13(c)

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

—

—

14

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

314.42

314.42

15

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)

145,835.55

145,835.55

16

II. DISBURSEMENTS

17. OPERATING EXPENDITURES

17,823.53

17,823.53

17

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.

—

—

18

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))

—

—

—

—

—

—

19(a)

19(b)

19(c)

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))

—

—

—

—

—

—

—

—

20(a)

20(b)

20(c)

20(d)

21. OTHER DISBURSEMENTS

247.52

247.52

21

22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).

18,071.05

18,071.05

22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

\$ *- 0 -*

23

24. TOTAL RECEIPTS THIS PERIOD (from Line 16)

\$ *145,835.55*

24

25. SUBTOTAL (add Line 23 and Line 24)

\$ *145,835.55*

25

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).

\$ *18,071.05*

26

27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).

\$ *127,764.50*

27

89020050575

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 16 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Maurice J. Murphy, Jr.
P.O. Box 1376
Portsmouth, N.H. 03801Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Retired

Date (month,
day, year)

6/30/89

Amount of Each
Receipt this Period
500.00

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Guy Boisset
25 Belva Drive
Nashua, N.H. 03060Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Insurance - Rand

Occupation

Mechanic

Date (month,
day, year)

6/29/89

Amount of Each
Receipt this Period
1000.00

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

63,430.00

890200576

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 15 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code Richard L. Badger P.O. Box 146 Jackson, N.H. 03846 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Badger Realty Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/30/89	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Gene G. Chandler Main Street Bartlett, N.H. 03812 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Realtor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/30/89	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Richard H. Kirk P.O. Box 133 North Conway, N.H. 03860 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer 1st N.H. White Mountain Banks Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/30/89	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Ralph Labron Burch Hill Drive Gorham, N.H. 03581 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Motel Owner Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/30/89	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code George D. Flynn, Jr. 2731 Ocean Drive Vero Beach, Fl. 33463 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/17/89	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Babe S. Ramder 164 Wednesday Hill 1 Road Lee - Durham N.H. 03824 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wentworth Douglas Hospital Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/29/89	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Peter O. Widmark P.O. Box 426 Dover N.H. 03830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Realtor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/29/89	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

8902050578

<p>A. Full Name, Mailing Address and ZIP Code Thomas J. Sommers 121 Let Rd. Andover, N.H. 03031</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Costello, Lomasney & de Napoli Inc.</p> <p>Occupation Engineer</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year) 6/28/89</p>	<p>Amount of Each Receipt this Period 280.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert L. Chase 11 Chestnut Street Exeter, N.H. 03833</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Chase & Durand Assoc. Inc.</p> <p>Occupation Insurance Sales</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/28/89</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard J. Hennessy 5 Tannetts Rd Merry, N.H. 03038</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Digital</p> <p>Occupation Product Developer</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 6/10/89</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert J. Murphy P.O. Box 175 Intervale, N.H. 03845</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer A.D. Davis Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/30/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Stanley Gines Star Route HC-61 Freedom, N.H. 03836</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/30/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Herold E Hamel P.O. Box 104 Chocoma, N.H. 03817</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hamel Real Estate</p> <p>Occupation Realtor</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/30/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code William Rice P.O. Box 249 Jackson, N.H. 03846</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Glenn Builders</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/30/89</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

3530.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in full)

Bob Smith for U. S. Senate

6
7
15
0
17
0
0
2
9
0
3

<p>A. Full Name, Mailing Address and ZIP Code Peter Thorne 8 Messer Lane Weston, Ct. 06823</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wheelabrator Technologies</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/28/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code J. Randall Redwell RFD 1 Drane Drive Northfield, N.H. 03276</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Real Est. Broker</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Francis P. Reek, Jr. O.O. Box 800 Londonderry, N.H. 03053</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Action Equipment</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Daniel J. Vecchione 9 Glenwood Parker Rd Londonderry, N.H. 03053</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Samuel A. Tampone 2 Albany Street Hernando, Florida 32642</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Norman H. Stahl 11 Glen Rd Bedford, N.H. 03102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Roger E. Bouchard 2 Cote Lane Bedford, N.H. 03102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Foxwood Homes</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/29/89</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 12 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

1 Bob Smith for U.S. Senate

<p>A. Full Name, Mailing Address and ZIP Code William W. Street P.O. Box 498 Hampton, N.H. 03843</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bank Meridian</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 6/23/89</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Pasquale F. Aloia 10 Plum Street Concord, N.H. 03301</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Realtor</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/23/89</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Nelson J. Mc Dermott Jr. 220 Bellevue Blvd #312 Belleair, Florida 34616</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self employed</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/23/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jeffery T. Bergner 9700 Rimbwing Ridge Ct. Fairfax Station, Va. 22039</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bergner, Boyette & Bochorney</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/22/89</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Edwin H. Makipeace, Jr. 16 Depot Rd Hollis, N.H. 03049</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Temberline Machine Inc.</p> <p>Occupation Salesman</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/26/89</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Frederick E. Browning Rte 11 Alton Bay N.H. 03810</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wayside Grocery Inc.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/26/89</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Godney C. Gilbert 1037 Jeffery Drive Birmingham, Alabama 35235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wheelabrator Technologies</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 6/28/89</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 11 OF 16

FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

Bruce D. Rubenstein
429 Capitol Ave. 2nd Fl.
Hartford, Ct. 06106

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

self employed

Date (month,
day, year)

6/7/89

Amount of Each
Receipt this Period

1000.00

Occupation

Attorney

Aggregate Year-to-Date

> \$ 1000.00

B. Full Name, Mailing Address and ZIP Code

Roger E. Murray and
P.O. Box 669
Wolfeboro, N.H. 03894

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

retired

Date (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date

> \$ 1000.00

C. Full Name, Mailing Address and ZIP Code

Peter L. Gordon
P.O. Box 829
Lowell, Mass. 01852

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Alexander's
SupermarketDate (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

500.00

Occupation

Executive

Aggregate Year-to-Date

> \$ 500.00

D. Full Name, Mailing Address and ZIP Code

William F. Allen, Jr.
47 Daniel Road
Braintree, Mass. 02184

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Stone & Webster
Inc.Date (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

500.00

Occupation

Engineer

Aggregate Year-to-Date

> \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Robert F. Ryan
29 Davis Avenue
West Newton, Mass. 02165

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Construction
Capital MgmtDate (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

250.00

Occupation

Financial Advisor

Aggregate Year-to-Date

> \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Claudette Gottseger
78 Pelgrim Drive
Bedford, N.H. 03102

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

housewife

Date (month,
day, year)

6/12/89

Amount of Each
Receipt this Period

250.00

Occupation

Aggregate Year-to-Date

> \$ 250.00

G. Full Name, Mailing Address and ZIP Code

Joseph A. Santoro
Chapman Lane
Wolfeboro, N.H. 03894

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

self employed

Date (month,
day, year)

6/23/89

Amount of Each
Receipt this Period

250.00

Occupation

Accountant

Aggregate Year-to-Date

> \$ 250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 10 OF 16
FOR LINE NUMBER 11A

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)

Bob Smith for U. S. Senate

2
5
0
5
0
2
0
9
0
3

A. Full Name, Mailing Address and ZIP Code David P. Benoit P.O. Box 144 Hampton Falls, NH 03844 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Henley Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/6/89	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code Camela Benoit P.O. Box 144 Hampton Falls, NH 03844 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/6/89	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Eddy G. Nicholson Rte 88 Exeter Rd Hampton Falls, NH 03844 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Henley Occupation CEO Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 6/6/89	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code Linda Nicholson Rte 88 Exeter Rd Hampton Falls, NH 03844 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/6/89	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Tolson S. Burbank, Jr. P.O. Box 4388 Portsmouth, NH 03801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Consultant Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/6/89	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code David Laeselle 95 Dearborn Road Amherst, NH 03032 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Newtek Occupation Electrical Eng. Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/7/89	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code Robert F. Hanson P.O. Box 194 Plainfield, NH 03781 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alexander's Food Markets Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/7/89	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

5,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

Raymond H. Ayers
RR2 Box 336
Ossipee, N.H. 03864Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
5/26/89Amount of Each
Receipt this Period
200.00

Occupation

retired
Aggregate Year-to-Date > \$ 200.00

B. Full Name, Mailing Address and ZIP Code

Edward B. Hager
Dunnell Mtn. Farms
Lyndebury N.H. 03082Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/2/89Amount of Each
Receipt this Period
1000.00

Occupation

self employed
Physician
Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code

Vincent J. Ippolito
P.O. Box 707
Center Harbor N.H. 03226Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/5/89Amount of Each
Receipt this Period
1000.00

Occupation

Ippolito's
Furniture
Owner
Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code

John P. H. Chandler, Jr.
Main Street
Warner N.H. 03278Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/5/89Amount of Each
Receipt this Period
500.00

Occupation

Retired
Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Harold Simmons
5430 LBJ Fwy, Suite 1700
Dallas Texas 75240Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/5/89Amount of Each
Receipt this Period
1000.00

Occupation

Cox Tran Corp
Vice President
Aggregate Year-to-Date > \$ 1000.00

F. Full Name, Mailing Address and ZIP Code

Perry Morton
7 Constitution Circle
Rye N.H. 03870Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/6/89Amount of Each
Receipt this Period
1000.00

Occupation

Granite Partner
Ltd
CEO
Aggregate Year-to-Date > \$ 1000.00

G. Full Name, Mailing Address and ZIP Code

Ray Morton
7 Constitution Circle
Rye N.H. 03870Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
6/6/89Amount of Each
Receipt this Period
1000.00

Occupation

Housewife
Aggregate Year-to-Date > \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

5,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Michael J. Farrell
15 Lincoln St
Exeter, NH 03833

Name of Employer

Wheelabrator Tech

Date (month,
day, year)
5/13/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

CEO

Aggregate Year-to-Date > \$ 1000.00

B. Full Name, Mailing Address and ZIP Code

Frances K. McLaughlin
P.O. Box 7054
Concord, NH 03301

Name of Employer

Date (month,
day, year)
5/13/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Housewife

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code

John F. Bielagius
77 Christian Hill Rd
Amherst, NH 03031

Name of Employer

self employed

Date (month,
day, year)
5/13/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code

Karl E. Norwood
116 S River Rd
Bedford, NH 03102

Name of Employer

Norwood Group

Date (month,
day, year)
5/13/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

President

Aggregate Year-to-Date > \$ 1000.00

E. Full Name, Mailing Address and ZIP Code

Harry A. Shepler
134 County Rd
Bedford, NH 03102

Name of Employer

self-employed

Date (month,
day, year)
5/13/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Financial Planner

Aggregate Year-to-Date > \$ 1000.00

F. Full Name, Mailing Address and ZIP Code

T. J. Murphy
8 Steeple Lane
Amherst, NH 03031

Name of Employer

Northeast Planning

Date (month,
day, year)
5/24/89

Amount of Each
Receipt this Period
1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Insurance Agent

Aggregate Year-to-Date > \$ 1000.00

G. Full Name, Mailing Address and ZIP Code

Harold N. Sparks
10 Roosevelt Avenue
Hudson, NH 03051

Name of Employer

Fashion Neck
Wear Co.

Date (month,
day, year)
5/24/89

Amount of Each
Receipt this Period
500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Owner

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 7 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

Gary P. Wallin
11 Crestview Rd.
Manchester, N.H. 03104Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

Executive

Aggregate Year-to-Date > \$ 1000.00

B. Full Name, Mailing Address and ZIP Code

Edward C. Hiers
75 South Hills Drive
Bedford, N.H. 03102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Northeast Planning
Assoc.Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

Ins. Sales

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code

Michael Sheng-Hoang
34 Harrison St.
Bedford, N.H. 03102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Connecticut Mutual
LifeDate (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

Life Ins. Agent

Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code

Gary F. Wallace
71 South Hills Drive
Bedford, N.H. 03102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Northeast Plan-
ning Assoc.Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

Ins. Sales

Aggregate Year-to-Date > \$ 1000.00

E. Full Name, Mailing Address and ZIP Code

Harry H. Bird
1 Allen Lane
Hanover, N.H. 03755Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Hitchcock
ClinicDate (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
250.00

Occupation

Physician

Aggregate Year-to-Date > \$ 250.00

F. Full Name, Mailing Address and ZIP Code

Jeffrey I. Tristed
10 Jennifer Lane
Auburn, N.H. 03032Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
250.00

Occupation

Physician

Aggregate Year-to-Date > \$ 250.00

G. Full Name, Mailing Address and ZIP Code

Paul M. Montrose
Great Hill
Hampton Falls, N.H. 03844Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Whelan -
FryeDate (month,
day, year)

5/13/89

Amount of Each
Receipt this Period
1000.00

Occupation

President-CEO

Aggregate Year-to-Date > \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Joseph Luongo
100 Amherst St.
Amherst, NH. 03031

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

self employed

Occupation

Electrical Cont.

Aggregate Year-to-Date > \$

1000.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

1000.00

B. Full Name, Mailing Address and ZIP Code

Joseph A. Bellarance
45 Chester Street
Nashua, NH. 03060

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Bellarance Co.

Occupation

President

Aggregate Year-to-Date > \$

500.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

500.00

C. Full Name, Mailing Address and ZIP Code

Joseph C. Sullivan, III
RR1 Box 119
Swanzey, NH. 03431

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Hensdale Hay Farm
Racing area

Occupation

Owner

Aggregate Year-to-Date > \$

1000.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

1000.00

D. Full Name, Mailing Address and ZIP Code

Howard W. Keegan
1029 Ray St.
Manchester, NH. 03104

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

retired

Aggregate Year-to-Date > \$

500.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

500.00

E. Full Name, Mailing Address and ZIP Code

Eugene F. Leone, Jr.
RFD #2
Wolfeboro, NH. 03894

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

Leone, Regislow +
McDonnell

Occupation

CPA

Aggregate Year-to-Date > \$

375.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

375.00

F. Full Name, Mailing Address and ZIP Code

Thomas F. McCarra
1750 Elm Street
Manchester, NH. 03107

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

N.H. Ins. Group

Occupation

President

Aggregate Year-to-Date > \$

200.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

200.00

G. Full Name, Mailing Address and ZIP Code

James D. Bullerick
999 Chestnut Street
Manchester, NH. 03104

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

self-employed

Occupation

Physician

Aggregate Year-to-Date > \$

1000.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER

11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

7
5
3
0
5
0
0
2
0
0
9
0
3

A. Full Name, Mailing Address and ZIP Code

John R. Stevens
41 Old Village Road
Acton, Mass. 01720Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

EUA

Occupation

Executive

Aggregate Year-to-Date > \$ 250.00

Date (month,
day, year)

5/10/89

Amount of Each
Receipt this Period

250.00

B. Full Name, Mailing Address and ZIP Code

George J. Thomas
13-L Noble Island
Portsmouth, NH 03801Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

N. H. Yankee

Occupation

Executive

Aggregate Year-to-Date > \$ 250.00

Date (month,
day, year)

5/10/89

Amount of Each
Receipt this Period

250.00

C. Full Name, Mailing Address and ZIP Code

Richard T. Wynn
40 Hedrick St.
Westford Mass 01886Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

BMC

Occupation

Executive

Aggregate Year-to-Date > \$ 250.00

Date (month,
day, year)

5/10/89

Amount of Each
Receipt this Period

250.00

D. Full Name, Mailing Address and ZIP Code

Jeffrey Maple
P.O. Box 4130
Portsmouth, NH 03801Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Coldwell Banker

Occupation

Realtor

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

5/10/89

Amount of Each
Receipt this Period

500.00

E. Full Name, Mailing Address and ZIP Code

Dennis Gladden
P.O. Box 697
Walpole, NH 03894Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Gladden/Rosene

Occupation

Realtor

Aggregate Year-to-Date > \$ 200.00

Date (month,
day, year)

5/10/89

Amount of Each
Receipt this Period

200.00

F. Full Name, Mailing Address and ZIP Code

Gerald Vecchione
49 Pelgrim Drive
Bedford, NH 03102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self-employed

Occupation

Builder

Aggregate Year-to-Date > \$ 1000.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

1000.00

G. Full Name, Mailing Address and ZIP Code

Robert E. Benoit
P.O. Box 326
Cherry, NH 03038Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Cherry Bank & Trust

Occupation

Banker

Aggregate Year-to-Date > \$ 1000.00

Date (month,
day, year)

5/13/89

Amount of Each
Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code William G. Whelan 1423 Bucks Hill Road Southbury, Ct. 06488 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Pharmacist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Ted Feigenbaum 6 Evergreen Way Stratham, N.H. 03885 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N. H. Yankee Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code John R. Rytto 1011 Arlington Blvd S-810 Arlington, Va. 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BMC Occupation Consultant Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Donald E. Moody 43 Evans Rd Durham, N.H. 03820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N. H. Yankee Occupation Executive Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Henry G. Meeker RFD 1 Smith Rd Exeter, N.H. 03823 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N. H. Yankee Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Donald G. Fadden 238 Blenheim Lane Wayland, Mass 01778 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer E. U. A. Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Robert W. Comer 103 Summer Street Melrosebury, Mass 01545-5602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N. H. Yankee Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/10/89	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1700.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 16
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Bert A. Allen
P.O. Box 185
East Ferry, N.H. 03041Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Allen Motors Inc.

Date (month,
day, year)
5/3/89Amount of Each
Receipt this Period
200.00

Occupation

Auto Dealer

Aggregate Year-to-Date > \$ 200.00

B. Full Name, Mailing Address and ZIP Code

Ogden E. Sawyer
P.O. Box 91
Mirror Lake, N.H. 03853Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
5/5/89Amount of Each
Receipt this Period
250.00

Occupation

retired

Aggregate Year-to-Date > \$ 250.00

C. Full Name, Mailing Address and ZIP Code

Thomas S. Beglow
P.R.I. Box 708
Wolfeboro, N.H. 05894Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Leone, Beglow +
McDonnellDate (month,
day, year)
5/5/89Amount of Each
Receipt this Period
375.00

Occupation

CPA

Aggregate Year-to-Date > \$ 375.00

D. Full Name, Mailing Address and ZIP Code

David Locke
Star Route 1
Mirror Lake, N.H. 03853Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self employed

Date (month,
day, year)
5/5/89Amount of Each
Receipt this Period
250.00

Occupation

Vesepier

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code

Roger H. Wingate
P.O. Box 93
Mirror Lake, N.H. 03853Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)
5/5/89Amount of Each
Receipt this Period
500.00

Occupation

retired

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Oring E. Carter
31 Wayside Road
Westboro, Mass 01581Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

OSNH

Date (month,
day, year)
5/10/89Amount of Each
Receipt this Period
250.00

Occupation

CEO

Aggregate Year-to-Date > \$ 250.00

G. Full Name, Mailing Address and ZIP Code

Edward A. Brown
8 Birch Hill Lane
Lexington, Mass. 02173Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PSNH

Date (month,
day, year)
5/10/89Amount of Each
Receipt this Period
250.00

Occupation

CEO

Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional)

2075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

 Philip D. Barrett
P.O. Box 531
New Castle, N.H. 03854

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self employed

Date (month, day, year)

4/13/89

 Amount of Each
Receipt this Period
500.00

Occupation

Consultant

Aggregate Year-to-Date \$ 500.00

B. Full Name, Mailing Address and ZIP Code

 Richard R. Hough
5 Tinsbury Hill Road
Durham, N.H. 03801

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self employed

Date (month, day, year)

4/15/89

 Amount of Each
Receipt this Period
500.00

Occupation

Retired

Aggregate Year-to-Date \$ 500.00

C. Full Name, Mailing Address and ZIP Code

 Stephen A. Linn
329 N. River Road
Manchester, NH 03104

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

A T & T

Date (month, day, year)

4/20/89

 Amount of Each
Receipt this Period
400.00

Occupation

Engineer

Aggregate Year-to-Date \$ 400.00

D. Full Name, Mailing Address and ZIP Code

 Fred E. Hertel III
32 Lisa Beth Drive
Dover, NH 03820

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Northern Lead
Traders Inc

Date (month, day, year)

4/20/89

 Amount of Each
Receipt this Period
300.00

Occupation

Geologist

Aggregate Year-to-Date \$ 300.00

E. Full Name, Mailing Address and ZIP Code

 Wayne H. Hearn
73 Magazine
Hancock, NH 03449

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

W G Enterprises

Date (month, day, year)

4/30/89

 Amount of Each
Receipt this Period
250.00

Occupation

Publisher

Aggregate Year-to-Date \$ 250.00

F. Full Name, Mailing Address and ZIP Code

 Robert K. Keller
P.O. Box 4105
Manchester, NH 03108

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Keller Companies

Date (month, day, year)

4/31/89

 Amount of Each
Receipt this Period
200.00

Occupation

President

Aggregate Year-to-Date \$ 200.00

G. Full Name, Mailing Address and ZIP Code

 Roger Duke
P.O. Box 992
Londonderry, N.H. 03053

 Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

self employed

Date (month, day, year)

4/21/89

 Amount of Each
Receipt this Period
400.00

Occupation

Business

Aggregate Year-to-Date \$ 400.00

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 16
FOR LINE NUMBER 11A

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)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code Robert T. Mc Laurin P.O. Box 7034 Andover, N.H. 03301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Watts Industries Occupation Executive Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 4/1/89	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code O. David Bowers P.O. Box 1224 Wolfeboro, N.H. 03894 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bowers & Mena Occupation President Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 4/1/89	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Anthony Maloney 171 Rutland Street Manchester, N.H. 03104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation Courier Service Aggregate Year-to-Date > \$250.00	Date (month, day, year) 4/1/89	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Emil J. Houser 2202 Silver Court Hamilton Square, N.J. 08690 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 4/1/89	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code John M. Davies 1120 Applewood Circle Signal Mountain, TN. 37377 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self employed Occupation Consultant Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 4/1/89	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code Joseph Yergeau P.O. Box 634 Portsmouth N.H. 03801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Coast Pontiac Cadillac Occupation General Mgr. Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 4/4/89	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Leon C. Asadoorian 40 W. Dustin Rd Salem, N.H. 03079 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Matthews Construction Occupation President Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 4/10/89	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11B

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)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Republican Cong. Comm. 320 1st St. S.E. Rm. 307 Washington, D.C. 20003	Political Party Committee	4/26/89 5/24/89 6/16/89 6/21/89	40.50 37.05 133.50 36.47
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 247.52	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

247.52

89020050592

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 6 OF 6
FOR LINE NUMBER 11C

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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

Waste Management Inc. PAC
3003 Butterfield Rd
Oak Brook, Illinois 60521

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

PAC

Occupation

Date (month,
day, year)

6/16/89

Amount of Each
Receipt this Period

1000.00

Aggregate Year-to-Date > \$ 1000.00

B. Full Name, Mailing Address and ZIP Code

Professional Insurance Agents PAC
400 North Washington St
Alexandria, Virginia 22314

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

PAC

Occupation

Date (month,
day, year)

6/26/89

Amount of Each
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

General Hello Inc. PAC
555 13th St, NW Ste 490W
Washington, D.C. 20004

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

PAC

Occupation

Date (month,
day, year)

6/28/89

Amount of Each
Receipt this Period

1000.00

Aggregate Year-to-Date > \$ 1000.00

D. Full Name, Mailing Address and ZIP Code

Baltimore Gas & Electric Co. PAC
804 Gas & Electric Bldg
Baltimore, Md. 21203

Receipt For:

☒ Primary☐ General☐ Other (specify):

Name of Employer

PAC

Occupation

Date (month,
day, year)

6/26/89

Amount of Each
Receipt this Period

500.00

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

3,000

TOTAL This Period (last page this line number only)

4,580.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

11C

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NAME OF COMMITTEE (in Full)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Southern Ca. Edison
2244 Walnut Grove Ave Suite 442 PAC
Rosemead, Ca. 91770

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Lockheed Employees PAC
4500 Park Meadows Blvd.
Calabasas, Ca. 91399-0610

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5000.00

C. Full Name, Mailing Address and ZIP Code

Northrup Employees PAC
650 California St. Suite 2650
San Francisco, Cal. 94108

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Philadelphia Electric Co.
2301 Market Street
Philadelphia Pa. 19101

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

Public Service Electric & Gas Co.
80 Park Plaza 4A
Newark, N.J. 07102

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Bell South Services PAC
16TH Floor 600 North 19TH St.
Birmingham, Al. 35201

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Nat'l Assoc of Life Underwriters PAC
1922 F Street N.W.
Washington, D.C. 20006

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5000.00

SUBTOTAL of Receipts This Page (optional)

12,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 4 OF 6
FOR LINE NUMBER 71C

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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code Interlake PAC 701 Harger Rd Oak Brook, Ill. 60521-1488 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Hensley Group Inc & Wheelabrator Technologies Inc. Liberty Lane Hempden, N.H. 03843 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 5000.00
C. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Ave, N.W. Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 5000.00
D. Full Name, Mailing Address and ZIP Code SMAC - PAC 8224 Old Courthouse Rd Vienna, VA. 22180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Dapa Group 128 PAC 600 Providence Highway Dedham, Mass. 02026 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code National Security PAC 3200 Madison Street N.W. Washington, D.C. 20015 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Mortgage Bankers PAC 1125 15th Street, N.W. Suite 700 Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/28/89	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 6
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code Ruff PAC 501 Capitol Court N.E. Suite 100 Washington, D.C. 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/22/89	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code The Senate Victory Fund PAC P.O. Box 1331 Jackson, Mississippi 39225-1331 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/22/89	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Maytag Good Gov't Comm. 1319 Vincent Place McLean, Va. 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/22/89	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Opkthpac P.O. Box 7424 San Francisco, Ca. 94120-7424 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Ave. Chicago, Ill. 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Nat'l Pest Control Union PAC 8100 Oak Street Dunn Loring, Va. 22027 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code SAF PAC P.O. Box 909 Alexandria, Va. 22313 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/26/89	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 6
FOR LINE NUMBER 116

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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

Campaign America
511 Capitol Court NE Suite 100
Washington, D.C. 20002

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

5000.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5000.00

B. Full Name, Mailing Address and ZIP Code

Com-Energy
P.O. Box 9150
Cambridge, Mass. 02142-9150

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Hughes Aircraft Company
7200 Hughes Terrace
Los Angeles, Ca. 90045-0066

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Independent Ex. Agents
of America Inc.
600 Pennsylvania Ave Suite 200
Washington, D.C. 20003

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

1000.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000.00

E. Full Name, Mailing Address and ZIP Code

NAWC PAC
1725 K Street NW Suite 1212
Washington, D.C. 20006

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code

Print PAC
1730 North Lynn St.
Arlington, Va. 22209

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Gaytheon PAC
141 Spring Street
Lexington, Mass. 02173

Name of Employer

PAC

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period

500.00

Receipt For:

☒

Primary

☐

General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 6
FOR LINE NUMBER 11C

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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

AT+T PAC
550 Madison Avenue
New York, N.Y. 10022Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 1000.00

Date (month,
day, year)

6/5/89

Amount of Each
Receipt this Period
1000.00

B. Full Name, Mailing Address and ZIP Code

Assoc. Gen. Contractors of
America PAC
1957 E. Street, N.W.
Washington, D.C. 20006Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 1000.00

Date (month,
day, year)

6/5/89

Amount of Each
Receipt this Period
1000.00

C. Full Name, Mailing Address and ZIP Code

New England Electric
25 Research Drive
Westborough, Mass. 01581Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

6/7/89

Amount of Each
Receipt this Period
500.00

D. Full Name, Mailing Address and ZIP Code

Power PAC of the Edison
Electric Institute
1111 19th Street, S.W.
Washington, D.C. 20036Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

6/7/89

Amount of Each
Receipt this Period
500.00

E. Full Name, Mailing Address and ZIP Code

Public Service PAC
8330 Old Courthouse Rd Suite 600
Vienna, Va. 22180Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

6/8/89

Amount of Each
Receipt this Period
500.00

F. Full Name, Mailing Address and ZIP Code

American Dental PAC
1111 - 14th St, N.W. Suite 1100
Washington, D.C. 20005Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 1000.00

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period
1000.00

G. Full Name, Mailing Address and ZIP Code

BDM PAC
7915 Jones Branch Drive
McLean, Va. 22102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

PAC

Occupation

Aggregate Year-to-Date > \$ 500.00

Date (month,
day, year)

6/22/89

Amount of Each
Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 12

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)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

Bob Smith for Congress 1988
P.O. Box 1988
New Durham, NH 03855

Name of Employer

Transfer from
1988 acctDate (month,
day, year)4/18/89
5/9/89Amount of Each
Receipt this Period15,750.00
72.61

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 15,822.61

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

15,822.61

890599

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 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)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code

BankEast Savings Bank
P.O. Box 669
Manchester, NH 03105

Name of Employer

Interest

Date (month,
day, year)4/14/89
5/16/89
6/16/89Amount of Each
Receipt this Period11.07
103.36
199.99

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 314.42

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

314.42

89020050600

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 3
FOR LINE NUMBER 17

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)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lewton Printing 135 Cedar Street Manchester, N.H. 03103	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/89 6/23/89	489.02 225.90
B. Full Name, Mailing Address and ZIP Code Computer Marketplace South Willow St. Manchester, N.H. 03105	Computer Equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/89	104.90
C. Full Name, Mailing Address and ZIP Code New England Telephone 1230 Elm Street Manchester, N.H. 03101	Org for Telephones + Tel. Bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/89 6/15/89	700.00 347.36
D. Full Name, Mailing Address and ZIP Code Capitol Hill Club 304 First Street, S.E. Washington, D.C. 20003	Political Meetings Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/89 6/21/89	63.04 176.07
E. Full Name, Mailing Address and ZIP Code Studley Flower Gardens 83 Wakefield Street Rochester, N.H. 03867	Flowers for Constitution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/89	22.50
F. Full Name, Mailing Address and ZIP Code Union Telephone Company P.O. Box 579 Farmington, N.H. 03835	Telephone Bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/89 5/30/89 6/27/89	70.51 142.68 88.97
G. Full Name, Mailing Address and ZIP Code Theodore T. McNeely 111 Meadeboro Rd New Durham, N.H. 03855	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/89 5/31/89	1250.00 1250.00
H. Full Name, Mailing Address and ZIP Code James M. McNeely 111 Meadeboro Rd New Durham, N.H. 03855	Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/89 5/31/89	500.00 500.00
I. Full Name, Mailing Address and ZIP Code Holiday Inn 510 Center St 700 Elm Street Manchester, N.H. 03101	Campaign Fund Raiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/89 5/30/89	500.00 129.25

SUBTOTAL of Disbursements This Page (optional)

6560.20

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 3
FOR LINE NUMBER 17

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)

Bob Smith for U.S. Senate

A. Full Name, Mailing Address and ZIP Code Advent Quality Int. Partnership 116 So. Renss Rd Bedford N.H. 03102	Purpose of Disbursement Rent for Office Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/28/89 5/30/89	Amount of Each Disbursement This Period 287.50 575.00
B. Full Name, Mailing Address and ZIP Code U.S. Postal Service	Purpose of Disbursement Fee for the Post Office Post Office Box Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/3/89 5/4/89	Amount of Each Disbursement This Period 60.00 39.00
C. Full Name, Mailing Address and ZIP Code James Courtois P.O. Box 72 Bedford N.H. 03102	Purpose of Disbursement Payroll Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/89 5/15/89 5/30/89 6/15/89	Amount of Each Disbursement This Period 325.00 792.00 792.00 792.00
D. Full Name, Mailing Address and ZIP Code Wilson Communications 407 North Washington St Alexandria, Va. 22314	Purpose of Disbursement Postage & mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/89 5/9/89 5/24/89 6/13/89	Amount of Each Disbursement This Period 241.00 509.00 17.25 2235.87
E. Full Name, Mailing Address and ZIP Code Robert C Smith P.O. Box 658 Walpole, N.H. 03894	Purpose of Disbursement Reimbursement for Gas, Hotel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/5/89 5/9/89 6/13/89	Amount of Each Disbursement This Period 134.13 200.44 192.56
F. Full Name, Mailing Address and ZIP Code Whiting Office Products 456 Central Avenue Dover, N.H. 03820	Purpose of Disbursement Rubber Stamp Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/5/89 6/26/89	Amount of Each Disbursement This Period 7.06 41.13
G. Full Name, Mailing Address and ZIP Code James M. McKelty 111 Meadowboro Rd New Durham, N.H. 03855	Purpose of Disbursement Reimbursement for Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/9/89	Amount of Each Disbursement This Period 24.00
H. Full Name, Mailing Address and ZIP Code Pray Business Systems Inc. P.O. Box 1087 Severna Park, Md. 21146-8987	Purpose of Disbursement Printing - Letterheads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/13/89 5/30/89	Amount of Each Disbursement This Period 575.68 362.92
I. Full Name, Mailing Address and ZIP Code Postmaster	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/22/89 5/22/89 5/26/89 6/22/89	Amount of Each Disbursement This Period 500.00 375.00 250.00 100.00

SUBTOTAL of Disbursements This Page (optional)

9,418.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **3**
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

<p>A. Full Name, Mailing Address and ZIP Code <i>Patty Cash</i></p>	<p>Purpose of Disbursement <i>Bedford Office</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>5/24/89</i></p>	<p>Amount of Each Disbursement This Period <i>100.00</i></p>
<p>B. Full Name, Mailing Address and ZIP Code <i>Masterford Plaza 5410 Juliet Street, 2nd Fl. Springfield, Virginia 22151</i></p>	<p>Purpose of Disbursement <i>Tax rental</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>5/30/89</i></p>	<p>Amount of Each Disbursement This Period <i>135.29</i></p>
<p>C. Full Name, Mailing Address and ZIP Code <i>James C. Courtrick P.O. Box 72 Bedford, N.H. 03102</i></p>	<p>Purpose of Disbursement <i>Postage</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>6/7/89</i></p>	<p>Amount of Each Disbursement This Period <i>200.00</i></p>
<p>D. Full Name, Mailing Address and ZIP Code <i>W. Douglas Acemian Jr. Bittersweet Farm Stratham, N.H. 03885</i></p>	<p>Purpose of Disbursement <i>Landscaping</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>6/7/89</i></p>	<p>Amount of Each Disbursement This Period <i>23.00</i></p>
<p>E. Full Name, Mailing Address and ZIP Code <i>N.H. Republican State Committee North Main St. Concord, N.H. 03301</i></p>	<p>Purpose of Disbursement <i>Tickets for fund-raiser</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>6/13/89</i></p>	<p>Amount of Each Disbursement This Period <i>1250.00</i></p>
<p>F. Full Name, Mailing Address and ZIP Code <i>Thomas J. Lockford Inc. House Minority Rm-WA-26 Rayburn Off Bldg Washington, D.C. 20515</i></p>	<p>Purpose of Disbursement <i>Art Certificates</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>6/13/89</i></p>	<p>Amount of Each Disbursement This Period <i>43.50</i></p>
<p>G. Full Name, Mailing Address and ZIP Code <i>B.D. Leasing 40 Dover Pointe Road Dover, N.H. 03820</i></p>	<p>Purpose of Disbursement <i>Leasing Vehicle</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) <i>6/21/89</i></p>	<p>Amount of Each Disbursement This Period <i>90.00</i></p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

1844.79

TOTAL This Period (last page this line number only)

17,823.53

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (in Full)

Bob Smith for U. S. Senate

A. Full Name, Mailing Address and ZIP Code Nat'l Republican Cong. Comm 330 1st St. S.E. Rm 307 Washington, D.C. 20003	Purpose of Disbursement Political Party Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/24/89 5/24/89 6/16/89 6/21/89	Amount of Each Disbursement This Period 40.50 37.05 133.50 36.47
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

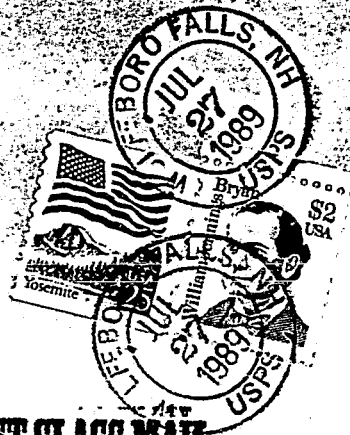
TOTAL This Period (last page this line number only)

247.52

89020050604

Aug - 1

2.25



FIRST CLASS MAIL

50605

Senate, Office of The Secretary
of Public Record
Senate Office Bldg.
ington, D. C. 20510-7116

FIRST CLASS MAIL

PAMELA G. BROWN
SUPERINTENDENT

HART BUILDING
SUITE 292

WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

AND/OR DATE OF RECEIPT _____