

# 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  
Susan Bitter Smith for Congress

ADDRESS (number and street) 5806 E Lewis Avenue  
 Check if different than previously reported. (ACC)  
Scottsdale AZ 85257 1926

2. **FEC IDENTIFICATION NUMBER** C00450262  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
AZ 05

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 09 02 2008 in the State of AZ  
(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 2008 through 08 13 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Kelly Lawler

Signature of Treasurer Electronically Filed by Kelly Lawler Date 08 20 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Susan Bitter Smith for Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	8

D	D
1	3

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	30540.96	180920.47
(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)).....	30540.96	180920.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	196294.53	248658.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	196294.53	248658.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	82192.32	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	150000.00	

**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  
Susan Bitter Smith for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
1	3

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

20861.90

116563.41

(ii) Unitemized.....

4141.00

19043.00

(iii) TOTAL of contributions

25002.90

135606.41

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

3000.00

10000.00

(d) The Candidate.....

2538.06

35314.06

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

30540.96

180920.47

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

0.00

0.00

13. LOANS

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

0.00

150000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

150000.00

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

0.00

0.00

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

0.00

0.05

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

30540.96

330920.52

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	196294.53	248658.20
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	70.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	196294.53	248728.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	247945.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	30540.96
25. SUBTOTAL (add Line 23 and Line 24).....	278486.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	196294.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82192.32

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 52
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Roderick Geer		Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 1605 Wisteria Way		<b>Transaction ID:</b> A-C488
	City Wayland	State MA	Zip Code 01778-2854
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 ▼ 750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Matt Shay		Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 4441 33rd Street N		<b>Transaction ID:</b> A-C425
	City Arlington	State VA	Zip Code 22207-4465
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer International Franchise Assn.	Occupation association executive	<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		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Unger		Date of Receipt MM / DD / YYYY 08 / 02 / 2008
	Mailing Address 6525 N 46th Street		<b>Transaction ID:</b> A-I568
	City Paradise Valley	State AZ	Zip Code 85253-4017
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
	Name of Employer Spring Creek Development	Occupation CFO	<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 ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) David N. Parker</p> <p>Mailing Address 6621 Madison Mclean Drive</p> <p>City State Zip Code Mclean VA 22101-2902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation AGA Association Executive</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;"><span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 11 / 2008</span></p> <p><b>Transaction ID:</b> A-C414</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></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>B.</b> Full Name (Last, First, Middle Initial) Thomas K Irvine</p> <p>Mailing Address 4901 E Calle Del Norte</p> <p>City State Zip Code Phoenix AZ 85018-2928</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Shughart Thomson &amp; Kilroy lawyer</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;"><span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 17 / 2008</span></p> <p><b>Transaction ID:</b> A-C416</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></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>C.</b> Full Name (Last, First, Middle Initial) W. Bruce Heiden</p> <p>Mailing Address PO Box 428</p> <p>City State Zip Code Buckeye AZ 85326-0033</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Farmer</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;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">08 / 02 / 2008</span></p> <p><b>Transaction ID:</b> A-C476</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></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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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 52

(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)  
Susan Bitter Smith for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Steven A Hirsch

Mailing Address 8150 N 47th Street

City State Zip Code  
Paradise Valley AZ 85253-2907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bryan Cave LLP Attorney

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

Date of Receipt  
08 / 12 / 2008

**Transaction ID:** A-C518

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)  
Howard E. Wall

Mailing Address 6711 E Camelback Road  
Unit 59

City State Zip Code  
Scottsdale AZ 85251-2066

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
08 / 05 / 2008

**Transaction ID:** A-C489

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Joseph T. Dean

Mailing Address 9001 E Chino Drive

City State Zip Code  
Scottsdale AZ 85255-9119

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
07 / 02 / 2008

**Transaction ID:** A-C325

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric W Jackson		Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 7502 E Ann Way		<b>Transaction ID:</b> A-C480
	City Scottsdale	State AZ	Zip Code 85260-4740
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
	Name of Employer CableAmerica Missouri LLC	Occupation VP Internet Services	<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 ▼ 2300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Pat Simone		Date of Receipt MM / DD / YYYY 08 / 02 / 2008
	Mailing Address 6402 E Cheney Drive		<b>Transaction ID:</b> A-C471
	City Paradise Valley	State AZ	Zip Code 85253-3517
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Real Estate Investment	<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 ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Leonard Landsbaum		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 7850 E San Carlos Road		<b>Transaction ID:</b> A-C525
	City Scottsdale	State AZ	Zip Code 85258-3410
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Rayner		Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address PO Box 41		<b>Transaction ID:</b> A-C501
	City Litchfield Park	State AZ	Zip Code 85340-0041
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Self-Employed	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>B.</b>	Full Name (Last, First, Middle Initial) James W Mcpherson, III		Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 914 E Osborn Road Unit 410		<b>Transaction ID:</b> A-C483
	City Phoenix	State AZ	Zip Code 85014-5285
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Flinn Foundation	Occupation Public Affairs	<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>C.</b>	Full Name (Last, First, Middle Initial) William Jackson		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 8601 N 64th Place		<b>Transaction ID:</b> A-C436
	City Paradise Valley	State AZ	Zip Code 85253-1824
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer CableAmerica Corp.	Occupation President	<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 ▼ 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

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

Mailing Address Orme Ranch

City State Zip Code  
Mayer AZ 86333

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

Name of Employer Occupation  
Paul R. Orme, PC Attorney

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

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID: A-C487**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 1952 E Seminole Drive

City State Zip Code  
Phoenix AZ 85022-3936

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

Name of Employer Occupation  
Cox Communications Cable Executive

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

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2008

**Transaction ID: A-C435**

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)  
Stuart H. Glenn

Mailing Address 4125 N 45th Place Apt. 6

City State Zip Code  
Phoenix AZ 85018-4351

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

Name of Employer Occupation  
Self Employed Sales

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

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2008

**Transaction ID: A-I562**

Amount of Each Receipt this Period  
11.90

Inkind: Sign Tool

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **711.90**

**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 11 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kristie Kenney  
 Mailing Address 14209 E Desert Cove Avenue  
 City State Zip Code  
 Scottsdale AZ 85259-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Homemaker  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 2 / 2 0 0 8  
**Transaction ID:** A-C516  
 Amount of Each Receipt this Period  
 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Barbara Belmont  
 Mailing Address 228 S Alfred Street  
 City State Zip Code  
 Alexandria VA 22314-3639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American School Nutrition-ist Occupation CEO  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 3 / 2 0 0 8  
**Transaction ID:** A-C527  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John S Larkin  
 Mailing Address 1103 Gatewood Drive  
 City State Zip Code  
 Alexandria VA 22307-2028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Aluminum Association Occupation Trade Association Executive  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 8 / 2 0 0 8  
**Transaction ID:** A-C437  
 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) ..... ► 2900.00  
**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 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Curtis C Deane

Mailing Address 1521 Alton Road  
# 801

City State Zip Code  
Miami Beach FL 33139-3301

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

Name of Employer WoodleyLion Consulting Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: A-C519

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)  
Richard A Cracroft

Mailing Address 4817 E Hamblin Drive

City State Zip Code  
Phoenix AZ 85054-6188

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

Name of Employer Cracroft Investments Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: A-C411

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)  
Kent Pomeroy

Mailing Address 8162 E Del Quazzo Dr

City State Zip Code  
Scottsdale AZ 85258

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C426

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) ..... ► **850.00**

**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 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward J Robson  
Mailing Address 9532 E Riggs Road  
City Sun Lakes State AZ Zip Code 85248-7463  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Robson Communities Occupation Home Builder  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2800.00  
Date of Receipt 07 / 30 / 2008  
Transaction ID: A-C444  
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)  
Eric W Jackson  
Mailing Address 7502 E Ann Way  
City Scottsdale State AZ Zip Code 85260-4740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CableAmerica Missouri LLC Occupation VP Internet Services  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 07 / 28 / 2008  
Transaction ID: A-C438  
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)  
Mark Madkour  
Mailing Address 14350 N Frank Lloyd Wright Bouleva Suite 1  
City Scottsdale State AZ Zip Code 85260-8843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer markour Funding and Investments Occupation Developer/ Financier  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 07 / 07 / 2008  
Transaction ID: A-C326  
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) ..... ► 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 15 / 52
	(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)  
Susan Bitter Smith for Congress

**A.**

Full Name (Last, First, Middle Initial) American Society of Association of Executives PAC		Date of Receipt MM / DD / YYYY 08 / 09 / 2008
Mailing Address 1575 I Street NW		<b>Transaction ID:</b> A-C505
City Washington	State DC	Zip Code 20005-1105
FEC ID number of contributing federal political committee. <b>C</b> C00041566		Amount of Each Receipt this Period 2000.00
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 ▼ 3000.00	

**B.**

Full Name (Last, First, Middle Initial) National Roofing Contractors Assn PAC		Date of Receipt MM / DD / YYYY 08 / 02 / 2008
Mailing Address 10225 W Higgins Road # 600		<b>Transaction ID:</b> A-C478
City Rosemont	State IL	Zip Code 60018-3890
FEC ID number of contributing federal political committee. <b>C</b> C00244863		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3000.00

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

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

FOR LINE NUMBER: PAGE 16 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  

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

**Transaction ID:** A-I550

Amount of Each Receipt this Period  
150.00

Inkind: Makeup Artist for Media Product  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	8

**Transaction ID:** A-I558

Amount of Each Receipt this Period  
13.68

Inkind: Bottled Water for Event  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	8

**Transaction ID:** A-I563

Amount of Each Receipt this Period  
17.46

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **181.14**

**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 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2008

**Transaction ID:** A-I548

Amount of Each Receipt this Period  
17.46

Inkind: Thank you letters

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

**B.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2008

**Transaction ID:** A-I556

Amount of Each Receipt this Period  
17.25

Inkind: Invitations

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

**C.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2008

**Transaction ID:** A-I557

Amount of Each Receipt this Period  
103.78

Inkind: Food For Event

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **138.49**

**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 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

Amount of Each Receipt this Period: 71.50

Transaction ID: A-I552

Inkind: Invitations

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

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

Amount of Each Receipt this Period: 12.97

Transaction ID: A-I551

Inkind: Office Supplies

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

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

Amount of Each Receipt this Period: 38.94

Transaction ID: A-I547

Inkind: Office Supplies

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **123.41**

**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 19 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2008

**Transaction ID:** A-I566

Amount of Each Receipt this Period  
1410.62

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

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 12 / 2008

**Transaction ID:** A-I553

Amount of Each Receipt this Period  
33.75

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

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

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

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

185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2008

**Transaction ID:** A-I549

Amount of Each Receipt this Period  
7.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1451.87**

**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 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2008

**Transaction ID:** A-I559

Amount of Each Receipt this Period  
50.44

Inkind: Thank you letters

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

**B.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2008

**Transaction ID:** A-I561

Amount of Each Receipt this Period  
17.88

Inkind: Envelopes and Ice

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

**C.**

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City State Zip Code  
Scottsdale AZ 85257-1926

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

Name of Employer Technical Solutions Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 185314.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2008

**Transaction ID:** A-I560

Amount of Each Receipt this Period  
541.51

Inkind: Posts for Signs

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **609.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith		Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 5806 E Lewis Avenue		<b>Transaction ID:</b> A-I564
	City Scottsdale	State AZ	Zip Code 85257-1926
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.82
	Name of Employer Technical Solutions	Occupation Owner	Inkind: Thank you letters
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 185314.06	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith		Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 5806 E Lewis Avenue		<b>Transaction ID:</b> A-I565
	City Scottsdale	State AZ	Zip Code 85257-1926
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.50
	Name of Employer Technical Solutions	Occupation Owner	Inkind: Invitations for Event
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 185314.06	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 5806 E Lewis Avenue		<b>Transaction ID:</b> A-I554
	City Scottsdale	State AZ	Zip Code 85257-1926
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
	Name of Employer Technical Solutions	Occupation Owner	Inkind: Cutting Services
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 185314.06	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>33.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2538.06</b>

# 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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Jessica Sauve

Mailing Address 9111 U. 5 Lane

City State Zip Code  
Rapid River MI 49878

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-418  
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

4.33

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

B.

Full Name (Last, First, Middle Initial)  
KKNT

Mailing Address 2425 E Camelback Road  
Suite 570

City State Zip Code  
Phoenix AZ 85016-4250

Purpose of Disbursement  
Radio Advertising

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-450  
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1890.02

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

C.

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

Mailing Address 610 Gateway Center Way  
Suite K

City State Zip Code  
San Diego CA 92102-4548

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-485  
Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

111.25

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

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

2005.60

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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns.com  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Credit Card Discount Fees 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:	Transaction ID: B-E-315 Date of Disbursement 07 / 03 / 2008	Amount of Each Disbursement this Period 32.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) KTAR  Mailing Address 5300 N Central Avenue  City Phoenix State AZ Zip Code 85012-1410  Purpose of Disbursement Radio Advertising 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:	Transaction ID: B-E-470 Date of Disbursement 07 / 31 / 2008	Amount of Each Disbursement this Period 2520.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Arena Communications  Mailing Address 1780 Sequoia Vista Circle  City Salt Lake City State UT Zip Code 84104-5102  Purpose of Disbursement Mail Services and Fulfillment 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:	Transaction ID: B-E-458 Date of Disbursement 07 / 28 / 2008	Amount of Each Disbursement this Period 17211.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

19763.54

**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)

<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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Discount 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><b>Transaction ID:</b> B-E-386 <b>Date of Disbursement</b> 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Angela Bitter</p> <p>Mailing Address 2637 Level Loop Road</p> <p>City Virginia Beach State VA Zip Code 23456-6717</p> <p>Purpose of Disbursement Campaign Support 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><b>Transaction ID:</b> B-E-429 <b>Date of Disbursement</b> 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Invitations</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><b>Transaction ID:</b> B-I-552 <b>Date of Disbursement</b> 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 71.50</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) ..... ▶

546.50

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schuman Hoy and Associates</p> <p>Mailing Address 7777 Girard Avenue</p> <p>City La Jolla State CA Zip Code 92037-4430</p> <p>Purpose of Disbursement Campaign Support Services 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><b>Transaction ID:</b> B-E-397 <b>Date of Disbursement</b> 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 6750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marsh Copsey &amp; Associates, Inc.</p> <p>Mailing Address 1334 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003-3037</p> <p>Purpose of Disbursement Media Placement Commission 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><b>Transaction ID:</b> B-E-496 <b>Date of Disbursement</b> 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2948.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cable West</p> <p>Mailing Address 300 W Osborn Road Suite 201</p> <p>City Phoenix State AZ Zip Code 85013-3939</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-513 <b>Date of Disbursement</b> 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 850.00</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) ..... ▶

10548.74

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Susan Bitter Smith for Congress

A.

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

Transaction ID: B-E-314  
Date of Disbursement

Mailing Address 610 Gateway Center Way  
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	8

City San Diego State CA Zip Code 92102-4548

Amount of Each Disbursement this Period

287.50
--------

Purpose of Disbursement  
Credit Card Discount Fees

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Transaction ID: B-I-559  
Date of Disbursement

Mailing Address 5806 E Lewis Avenue

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

City Scottsdale State AZ Zip Code 85257-1926

Amount of Each Disbursement this Period

50.44
-------

Purpose of Disbursement  
Inkind: Thank you letters

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Transaction ID: B-I-556  
Date of Disbursement

Mailing Address 5806 E Lewis Avenue

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

City Scottsdale State AZ Zip Code 85257-1926

Amount of Each Disbursement this Period

17.25
-------

Purpose of Disbursement  
Inkind: Invitations

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

355.19
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**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)

PAGE 27 / 52

<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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Arena Communications</p> <p>Mailing Address 1780 Sequoia Vista Circle</p> <p>City Salt Lake City State UT Zip Code 84104-5102</p> <p>Purpose of Disbursement Mail Services and Fulfillment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-508</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16940.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Invitations for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-I-565</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Clear Channel</p> <p>Mailing Address 2201 E Camelback Road Suite 500</p> <p>City Phoenix State AZ Zip Code 85016-3499</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-451</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5650.86"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Angela Bitter

Mailing Address 2637 Level Loop Road

City Virginia Beach State VA Zip Code 23456-6717

Purpose of Disbursement  
Campaign Support Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-510  
Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

375.00

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

B.

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

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
Credit Card Discount Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-396  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

2.50

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

C.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City Scottsdale State AZ Zip Code 85257-1926

Purpose of Disbursement  
Inkind: Cutting Services

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-554  
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

5.00

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

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

382.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

A.	Full Name (Last, First, Middle Initial) KTAR	Transaction ID: B-E-514 Date of Disbursement 08 / 08 / 2008
	Mailing Address 5300 N Central Avenue	Amount of Each Disbursement this Period 1708.50
	City Phoenix State AZ Zip Code 85012-1410	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Advertising 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) ▼
		004 Category/Type

B.	Full Name (Last, First, Middle Initial) Clear Channel	Transaction ID: B-E-511 Date of Disbursement 08 / 08 / 2008
	Mailing Address 2201 E Camelback Road Suite 500	Amount of Each Disbursement this Period 2562.75
	City Phoenix State AZ Zip Code 85016-3499	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Radio Advertising 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) ▼
		004 Category/Type
		Original vendors exceeding reporting threshold itemized as memo transactions.

C.	Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: B-E-440 Date of Disbursement 08 / 01 / 2008
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 100.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Discount 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) ▼
		001 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4371.25
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Discount 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><b>Transaction ID:</b> B-E-439 <b>Date of Disbursement</b> 07 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clear Channel</p> <p>Mailing Address 2201 E Camelback Road Suite 500</p> <p>City Phoenix State AZ Zip Code 85016-3499</p> <p>Purpose of Disbursement Radio Advertising</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><b>Transaction ID:</b> B-E-492 <b>Date of Disbursement</b> 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4395.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) A Designing Woman</p> <p>Mailing Address 4651 E Vernon Avenue</p> <p>City Phoenix State AZ Zip Code 85008-2416</p> <p>Purpose of Disbursement Photography and Design</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><b>Transaction ID:</b> B-E-431 <b>Date of Disbursement</b> 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</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) ..... ▶

4996.37

**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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cox Media</p> <p>Mailing Address 2020 N Central Avenue Suite 400</p> <p>City Phoenix State AZ Zip Code 85004-4510</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-512 <b>Date of Disbursement</b> 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 3829.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Complete Campaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Discount Fees 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><b>Transaction ID:</b> B-E-422 <b>Date of Disbursement</b> 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The KAL Group</p> <p>Mailing Address PO Box 984</p> <p>City Willows State CA Zip Code 95988-0984</p> <p>Purpose of Disbursement Bookkeeping 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><b>Transaction ID:</b> B-E-449 <b>Date of Disbursement</b> 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 577.18</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) ..... ▶

4407.68

**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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith  Mailing Address 5806 E Lewis Avenue  City Scottsdale State AZ Zip Code 85257-1926  Purpose of Disbursement Inkind: Information Sheets 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-I-553 Date of Disbursement 08 / 12 / 2008  Amount of Each Disbursement this Period 33.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Fennello - Makeup Artist  Mailing Address 9411 N 16th Place  City Phoenix State AZ Zip Code 85020-2301  Purpose of Disbursement Media Production 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-465 Date of Disbursement 07 / 28 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) KTAR  Mailing Address 5300 N Central Avenue  City Phoenix State AZ Zip Code 85012-1410  Purpose of Disbursement Radio Advertising 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-452 Date of Disbursement 07 / 24 / 2008  Amount of Each Disbursement this Period 3024.05  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3557.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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)  
Susan Bitter Smith for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cox Media</p> <p>Mailing Address 2020 N Central Avenue Suite 400</p> <p>City Phoenix State AZ Zip Code 85004-4510</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-448 <b>Date of Disbursement</b> 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3058.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Thank you letters 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><b>Transaction ID:</b> B-I-563 <b>Date of Disbursement</b> 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 17.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Arena Communications</p> <p>Mailing Address 1780 Sequoia Vista Circle</p> <p>City Salt Lake City State UT Zip Code 84104-5102</p> <p>Purpose of Disbursement Mail Services and Fulfillment 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><b>Transaction ID:</b> B-E-490 <b>Date of Disbursement</b> 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 16268.00</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) ..... ▶

19343.76

**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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Marsh Copsey & Associates, Inc.

Mailing Address 1334 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-3037

Purpose of Disbursement

Media Production

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-494

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

5599.56

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

B.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City Scottsdale State AZ Zip Code 85257-1926

Purpose of Disbursement

Inkind: Makeup Artist for Media Produc

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-550

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)  
KFYI-AM

Mailing Address 4686 E Van Buren Street

City Phoenix State AZ Zip Code 85008-6959

Purpose of Disbursement

Radio Advertising

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-12

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

5650.86

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

**[MEMO ITEM]**

Subitemization of Clear Channel(07/24/08)

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

5749.56

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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Transaction ID: B-I-548  
Date of Disbursement

Mailing Address 5806 E Lewis Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City State Zip Code  
Scottsdale AZ 85257-1926

Amount of Each Disbursement this Period

17.46
-------

Purpose of Disbursement  
Inkind: Thank you letters  
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)  
USPO - Contract Station

Transaction ID: B-S-11  
Date of Disbursement

Mailing Address 3923 E Indian School Road

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City State Zip Code  
Phoenix AZ 85018-5236

Amount of Each Disbursement this Period

210.00
--------

Purpose of Disbursement  
Postage  
Candidate Name

001  
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:

**[MEMO ITEM]**  
Subitemization of Brian Hummell(07/31/08)

C.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Transaction ID: B-I-551  
Date of Disbursement

Mailing Address 5806 E Lewis Avenue

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

City State Zip Code  
Scottsdale AZ 85257-1926

Amount of Each Disbursement this Period

12.97
-------

Purpose of Disbursement  
Inkind: Office Supplies  
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) ..... ▶

30.43
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**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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Discount 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><b>Transaction ID:</b> B-E-389</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Envelopes and Ice</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><b>Transaction ID:</b> B-I-561</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 17.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce Ward</p> <p>Mailing Address PO Box 47755</p> <p>City Phoenix State AZ Zip Code 85068-7755</p> <p>Purpose of Disbursement Media Production</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><b>Transaction ID:</b> B-E-463</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 581.90</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) ..... ▶

609.78

**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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Transaction ID: B-I-547  
Date of Disbursement

Mailing Address 5806 E Lewis Avenue

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

City State Zip Code  
Scottsdale AZ 85257-1926

Amount of Each Disbursement this Period

38.94
-------

Purpose of Disbursement  
Inkind: Office Supplies  
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)  
KKNT

Transaction ID: B-E-493  
Date of Disbursement

Mailing Address 2425 E Camelback Road  
Suite 570

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

City State Zip Code  
Phoenix AZ 85016-4250

Amount of Each Disbursement this Period

1573.03
---------

Purpose of Disbursement  
Radio Advertising  
Candidate Name

006  
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)  
Brian Hummell

Transaction ID: B-E-420  
Date of Disbursement

Mailing Address 4068 E Shangri La Road

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code  
Phoenix AZ 85028-2916

Amount of Each Disbursement this Period

1898.29
---------

Purpose of Disbursement  
Payoll  
Candidate Name

001  
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) .....

3510.26
---------

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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jessica Sauve</p> <p>Mailing Address 9111 U. 5 Lane</p> <p>City Rapid River State MI Zip Code 49878</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-445</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1212.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KFYI-AM</p> <p>Mailing Address 4686 E Van Buren Street</p> <p>City Phoenix State AZ Zip Code 85008-6959</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-S-16</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4395.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Subitemization of Clear Channel(08/01/08)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cox Media</p> <p>Mailing Address 2020 N Central Avenue Suite 400</p> <p>City Phoenix State AZ Zip Code 85004-4510</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-459</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 3449.73</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) ..... ▶

4662.24

**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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Posts for Signs</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><b>Transaction ID:</b> B-I-560 <b>Date of Disbursement</b> 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 541.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Arena Communications</p> <p>Mailing Address 1780 Sequoia Vista Circle</p> <p>City Salt Lake City State UT Zip Code 84104-5102</p> <p>Purpose of Disbursement Mail Services and Fulfillment</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><b>Transaction ID:</b> B-E-455 <b>Date of Disbursement</b> 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 19251.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marsh Copey &amp; Associates, Inc.</p> <p>Mailing Address 1334 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003-3037</p> <p>Purpose of Disbursement Media Production</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><b>Transaction ID:</b> B-E-495 <b>Date of Disbursement</b> 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1408.75</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) ..... ▶

21201.26

**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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith  Mailing Address 5806 E Lewis Avenue  City Scottsdale State AZ Zip Code 85257-1926  Purpose of Disbursement Inkind: Bottled Water for Event 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>Transaction ID:</b> B-I-558 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 8  Amount of Each Disbursement this Period 13.68  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns.com  Mailing Address 610 Gateway Center Way Suite K  City San Diego State CA Zip Code 92102-4548  Purpose of Disbursement Software 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>Transaction ID:</b> B-E-462 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 625.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Marsh Copey & Associates, Inc.  Mailing Address 1334 Pennsylvania Avenue SE  City Washington State DC Zip Code 20003-3037  Purpose of Disbursement Media Consulting 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>Transaction ID:</b> B-E-427 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 4806.48  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5445.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Schuman Hoy and Associates

Mailing Address 7777 Girard Avenue

City La Jolla State CA Zip Code 92037-4430

Purpose of Disbursement  
Campaign Support Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-419  
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

6750.00

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

B.

Full Name (Last, First, Middle Initial)  
Bryan Media Group, Inc.

Mailing Address 300 W Osborn Road Suite 201

City Phoenix State AZ Zip Code 85013-3939

Purpose of Disbursement  
Media Production

Candidate Name

006  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-460  
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

4480.14

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

C.

Full Name (Last, First, Middle Initial)  
Rocket Rentals

Mailing Address PO Box 1672

City Glendale State AZ Zip Code 85311-1672

Purpose of Disbursement  
Media Production Rentals

Candidate Name

006  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-464  
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1148.29

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

SUBTOTAL of Disbursements This Page (optional) ▶

12378.43

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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Scottsdale Gun Club</p> <p>Mailing Address 14860 N Northsight Boulevard</p> <p>City Scottsdale State AZ Zip Code 85260-2606</p> <p>Purpose of Disbursement Campaign Event Facilities 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><b>Transaction ID:</b> B-E-406 <b>Date of Disbursement</b> 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 554.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Hummell</p> <p>Mailing Address 4068 E Shangri La Road</p> <p>City Phoenix State AZ Zip Code 85028-2916</p> <p>Purpose of Disbursement Office Supplies 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><b>Transaction ID:</b> B-E-446 <b>Date of Disbursement</b> 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 55.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cox Media</p> <p>Mailing Address 2020 N Central Avenue Suite 400</p> <p>City Phoenix State AZ Zip Code 85004-4510</p> <p>Purpose of Disbursement Advertising 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><b>Transaction ID:</b> B-E-529 <b>Date of Disbursement</b> 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1086.59</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) ..... ▶

1697.39

**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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Cable West

Mailing Address 300 W Osborn Road  
Suite 201

City Phoenix State AZ Zip Code 85013-3939

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-430

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

2550.00

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

B.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City Scottsdale State AZ Zip Code 85257-1926

Purpose of Disbursement  
Inkind: Information Sheets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-549

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

7.50

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

C.

Full Name (Last, First, Middle Initial)  
Cox Media

Mailing Address 2020 N Central Avenue  
Suite 400

City Phoenix State AZ Zip Code 85004-4510

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-428

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

6315.50

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

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

8873.00

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)  
Susan Bitter Smith for Congress

A.	Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: B-E-546 Date of Disbursement 07 / 23 / 2008
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 100.00
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Discount 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) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Brian Hummell	Transaction ID: B-E-447 Date of Disbursement 07 / 31 / 2008
	Mailing Address 4068 E Shangri La Road	Amount of Each Disbursement this Period 210.00
	City Phoenix State AZ Zip Code 85028-2916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage: See Memo 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) ▼
		001 Category/Type
		Original vendors exceeding reporting threshold itemized as memo transactions.

C.	Full Name (Last, First, Middle Initial) Cable West	Transaction ID: B-E-469 Date of Disbursement 07 / 31 / 2008
	Mailing Address 300 W Osborn Road Suite 201	Amount of Each Disbursement this Period 1700.00
	City Phoenix State AZ Zip Code 85013-3939	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising 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) ▼
		006 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2010.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 52

<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)  
Susan Bitter Smith for Congress

A.	Full Name (Last, First, Middle Initial) Fetch Productions Mailing Address 3802 N 42nd Place City Phoenix State AZ Zip Code 85018-5314 Purpose of Disbursement Media Production 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-467 Date of Disbursement 07 / 28 / 2008 Amount of Each Disbursement this Period 796.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) BP Graphics Mailing Address 3940 W. Monicito City Phoenix State AZ Zip Code 85019 Purpose of Disbursement Campaign Signs 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-407 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 1423.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Tarrance Group, Inc. Mailing Address 2201 N. Union Street, Suite 410 City Alexandria State VA Zip Code 22314 Purpose of Disbursement District Survey 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-421 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 13563.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

15782.31

**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)  
Susan Bitter Smith for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jessica Sauve  Mailing Address 9111 U. 5 Lane  City Rapid River State MI Zip Code 49878  Purpose of Disbursement Payroll 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-417 Date of Disbursement 07 / 15 / 2008  Amount of Each Disbursement this Period 911.54  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Bitter Smith  Mailing Address 5806 E Lewis Avenue  City Scottsdale State AZ Zip Code 85257-1926  Purpose of Disbursement Inkind: Fundraising Letters 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-I-566 Date of Disbursement 07 / 28 / 2008  Amount of Each Disbursement this Period 1410.62  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) KFYI-AM  Mailing Address 4686 E Van Buren Street  City Phoenix State AZ Zip Code 85008-6959  Purpose of Disbursement Radio Advertising 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-18 Date of Disbursement 08 / 08 / 2008  Amount of Each Disbursement this Period 2562.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Clear Channel(08/08/08)

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

2322.16

**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)  
Susan Bitter Smith for Congress

A.	Full Name (Last, First, Middle Initial) A Designing Woman	Transaction ID: B-E-461 Date of Disbursement 07 / 28 / 2008
	Mailing Address 4651 E Vernon Avenue	Amount of Each Disbursement this Period 1714.52
	City Phoenix State AZ Zip Code 85008-2416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Photography 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) ▼
		006 Category/ Type

B.	Full Name (Last, First, Middle Initial) BP Graphics	Transaction ID: B-E-453 Date of Disbursement 07 / 25 / 2008
	Mailing Address 3940 W. Monicito	Amount of Each Disbursement this Period 1467.46
	City Phoenix State AZ Zip Code 85019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Yard Signs 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) ▼
		006 Category/ Type

C.	Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: B-E-441 Date of Disbursement 07 / 28 / 2008
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 32.50
	City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Discount 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) ▼
		001 Category/ Type

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

3214.48

**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)  
Susan Bitter Smith for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fred Unger</p> <p>Mailing Address 6525 N 46th Street</p> <p>City Paradise Valley State AZ Zip Code 85253-4017</p> <p>Purpose of Disbursement Inkind: Fundraiser Catering</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><b>Transaction ID:</b> B-I-567</p> <p>Date of Disbursement 08 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Complete Campaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit Card Discount 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><b>Transaction ID:</b> B-E-316</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith</p> <p>Mailing Address 5806 E Lewis Avenue</p> <p>City Scottsdale State AZ Zip Code 85257-1926</p> <p>Purpose of Disbursement Inkind: Thank you letters</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><b>Transaction ID:</b> B-I-564</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5.82</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) ..... ▶

1510.82

**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 50 / 52

<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)  
Susan Bitter Smith for Congress

A.

Full Name (Last, First, Middle Initial)  
Jennifer Unger

Mailing Address 6525 N 46th Street

City Paradise Valley State AZ Zip Code 85253-4017

Purpose of Disbursement  
Inkind: Fundraiser Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-568

Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)  
Susan Bitter Smith

Mailing Address 5806 E Lewis Avenue

City Scottsdale State AZ Zip Code 85257-1926

Purpose of Disbursement  
Inkind: Food For Event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-I-557

Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

103.78

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

SUBTOTAL of Disbursements This Page (optional) ..... ►

1603.78

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

196197.65

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Susan Bitter Smith for Congress

Transaction ID: SC/10-L1

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Susan Bitter Smith, (Personal Funds) - [PERSONAL FUNDS]		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2008
Mailing Address 5806 E Lewis Avenue		
City Scottsdale	State AZ	ZIP Code 85257-1926

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2008	12/31/2008	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	150000.00

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Susan Bitter Smith for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Schuman Hoy and Associates

Nature of Debt (Purpose):  
 Campaign Support Services

Mailing Address 7777 Girard Avenue

City State ZIP Code  
 La Jolla CA 92037-4430

Outstanding Balance Beginning This Period

6750.00

Transaction ID: SD10-DEBT397

Amount Incurred This Period

0.00

Payment This Period

6750.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

15000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

15000.00