

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Adrian Smith for Congress

ADDRESS (number and street) 3321 AVENUE I SUITE 6
 Check if different than previously reported. (ACC)
SCOTTSBLUFF NE 69361

2. **FEC IDENTIFICATION NUMBER** C00412890
CITY **STATE** **ZIP CODE**
STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of NE

5. Covering Period 10 19 2006 through 11 27 2006

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 TYLER MARSHALL

Signature of Treasurer Electronically Filed by TYLER MARSHALL Date 02 05 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Adrian Smith for Congress

Report Covering the Period:

From:

M M
1 0

D D
1 9

Y Y Y Y
2 0 0 6

To:

M M
1 1

D D
2 7

Y Y Y Y
2 0 0 6

	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)).....	114293.42	1219854.03
(b) Total Contribution Refunds (from Line 20(d)).....	700.00	5029.41
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	113593.42	1214824.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	250775.61	1158069.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	527.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	250775.61	1157541.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48430.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40554.60	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Adrian Smith for Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="46779.42"/>		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(ii) Unitemized		
<input type="text" value="15239.00"/>		
(iii) Total of contributions from individuals		
<input type="text" value="62018.42"/>	<input type="text" value="781553.80"/>	<input type="text" value="975.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="10100.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="52275.00"/>	<input type="text" value="417255.50"/>	<input type="text" value="1500.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	10944.73	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
114293.42	1219854.03	2475.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	34915.57	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	527.66	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
67.76	580.41	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
114361.18	1255877.67	2475.00

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Adrian Smith for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
250775.61	1158069.03	47173.37
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
700.00	2050.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	2979.41	0.00
------	---------	------

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

700.00	5029.41	0.00
--------	---------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

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

251475.61	1163098.44	47173.37
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

113593.42	1214824.62	2475.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

250775.61	1157541.37	47173.37
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	185545.29
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	114361.18
25. SUBTOTAL(add Line 23 and Line 24)	299906.47
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	251475.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	48430.86

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address 27 Myrtle Ave

City State Zip Code
Mill Valley CA 94941-1023

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: A45F0659805AA49F1A0C

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Randy Grassmeyer

Mailing Address 1307 Blaine St

City State Zip Code
Holdrege NE 68949-1743

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: ADB16E176409E4761BC4

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Chris Erickson

Mailing Address 215 Parkcrest Dr.

City State Zip Code
Holdrege NE 68949

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: A75F606D4248347DAB18

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Earley

Mailing Address 124 Meadow Ln

City Raymond State WA Zip Code 98577-9249

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: AA48A4D41E91D4ED5A67

Amount of Each Receipt this Period
 50.00

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

B. Full Name (Last, First, Middle Initial)
R. Lee Janssen

Mailing Address 71677 Lane 389

City McCook State NE Zip Code 69001

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

Name of Employer Janssen Motor Company Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: AD059CBCF657243FE9ED

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Gloria Erickson

Mailing Address 315 18th Avenue

City Holdrege State NE Zip Code 68949

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

Name of Employer Self Occupation Farm Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: ABAC8ED321BB44BAB834

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Marvin Westcott

Mailing Address 1605 Arthur Dr

City State Zip Code
Holdrege NE 68949-1413

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

Name of Employer Occupation
Self Employed Rancher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: A48048A230108456AAF5

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Karen McClenahan

Mailing Address 2308 W 42nd St

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: A6E47CED34BB94535B1E

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Hyman Sukiennik

Mailing Address 11505 W. Dodge Rd.

City State Zip Code
Omaha NE 68154

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

Name of Employer Occupation
Cox Communications Vice President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: AF6B06F6F060C4AAC8C1

Amount of Each Receipt this Period
250.00

Check
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Kristin Peck

Mailing Address 224 N. 199 St.

City Elkhorn State NE Zip Code 68022

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

Name of Employer Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A10F86BB5F4DE450EAD5

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Shane Westcott

Mailing Address PO Box 530

City Holdrege State NE Zip Code 68949-0530

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: AA89483AE466441C5842

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 19407 Howe Cir

City Omaha State NE Zip Code 68154-5015

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

Name of Employer Cox Communications Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: A70FFC17127F84860B0F

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Ruth Kohler

Mailing Address 7414 N. Strathbury Ave

City State Zip Code
Kansas City MO 64151-1832

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: AB345E7F23B724EFA8DC

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
George Violin

Mailing Address 16 Main St

City State Zip Code
Dover MA 02030-2024

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

Name of Employer Medical Eye Care Associates, PC Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: A21123E6B10704526BB3

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Venetta Arganbright

Mailing Address 517 N. Main St.
Box 413

City State Zip Code
Valentine NE 69201

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: A1BE4EBB064FA4867A4D

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
William Orr

Mailing Address 1610 Brent Blvd.

City Lincoln State NE Zip Code 68506-1866

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

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 6

Transaction ID: A7F6E5DD05AF642A687B

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Joan G Violin

Mailing Address 16 Main St

City Dover State MA Zip Code 02030-2024

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

Name of Employer Self Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 6

Transaction ID: A2EA46EC6477A458699E

Amount of Each Receipt this Period
 1100.00

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

C. Full Name (Last, First, Middle Initial)
Joan G Violin

Mailing Address 16 Main St

City Dover State MA Zip Code 02030-2024

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

Name of Employer Self Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 6

Transaction ID: AFD2727692E6648BD9C8

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address PO Box 2371

City State Zip Code
Grand Island NE 68802

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

Name of Employer Self Occupation Chiropractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: A6662F7D64D314B52AF7

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. L. Ted Titus

Mailing Address 806 East Ave

City State Zip Code
Holdrege NE 68949-2317

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

Name of Employer First National Bank Occupation Assistant Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: A78CB66C117C34F4FB6A

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Chuck Sand

Mailing Address 4860 33rd Ave

City State Zip Code
Columbus NE 68601

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: A4E4434A847A54845BEB

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Willard A. Richardson

Mailing Address 1225 N. 97th Plz.

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: A07FDDAAF59D84A679F6

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Helen L. Marshall

Mailing Address 827 Susan Ave

City State Zip Code
Woodstock VA 22664-1133

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: A993EBA49155C4F0DA77

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Ron Lockard

Mailing Address PO Box 2828

City State Zip Code
McKinney TX 75070

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

Name of Employer Occupation
Tag Chairman/ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2557.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A3D4ED557F79443C6BAD

Amount of Each Receipt this Period
500.00

Check
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 15 / 137
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Marvin Hefti		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 2002 Broadway		Transaction ID: AB5AB7E2DAD984C0AB19	
City State Zip Code Scottsbluff NE 69361	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation First State Bank Banker	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Richard Bond		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 708 Wolfe Street		Transaction ID: A99CBE555AB9B44E6BD9	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation (Blank) (Blank)	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. John Reskovac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 9403 Crosspointe Dr.		Transaction ID: AB53A88F092EB4AC182D	
City State Zip Code Fairfax Station VA 22039-2659	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Capitol Decisions Principal	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Christian Hilliard

Mailing Address 4521 71st Avenue Place

City State Zip Code
Kearney NE 68845-0605

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

Name of Employer Occupation
Self Employed USA Companies

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A0B9332AEB2A54E368BA

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Sen. Bob Kremer

Mailing Address 186 Donegal Rd

City State Zip Code
Aurora NE 68818-1430

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

Name of Employer Occupation
Nebraska Legislature Senator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A99AC9FE10CB44597969

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Bonnie Quick

Mailing Address 80878 Snyder Lane

City State Zip Code
Whitman NE 69366

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

Name of Employer Occupation
Self Rancher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A117135CDC8C84594A16

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
John Martin

Mailing Address 24715 Highway 10

City Pleasanton State NE Zip Code 68866-9737

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A107D5DEA30EE4447B3A

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
John C. McClure

Mailing Address 2329 Muirfield Pl

City Columbus State NE Zip Code 68601-8153

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

Name of Employer Nebraska Public Power District Occupation Vice-President & General Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A090216894A4849EF98D

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Stephen Carey

Mailing Address 1411 Russell Road

City Alexandria State VA Zip Code 22301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: AE5A1110D260A4D57858

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Audrey Towater

Mailing Address 637 Valley View Dr

City State Zip Code
Scottsbluff NE 69361-1451

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

Name of Employer Self Occupation Professional Artist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A50C699763C6B4B74985

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
John Peetz

Mailing Address 960 Fall Creek Rd

City State Zip Code
Lincoln NE 68510-3837

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

Name of Employer Crete Carrier Corp Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A86A58F72455B4E168FD

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Perre Neilan

Mailing Address 1536 Van Dorn

City State Zip Code
Lincoln NE 68502-3944

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

Name of Employer NE Realtors Assn Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A8674889820BA45ADA4B

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► 165.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Lynne McNally-Schuller

Mailing Address 2239 S 62nd St.

City Lincoln State NE Zip Code 68506-2754

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: A8051F97262134C328E3

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Micheal Morledge

Mailing Address 105 North Wheeler St.

City Grand Island State NE Zip Code 68801

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

Name of Employer Self Employed Occupation Credit Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: AB226D72F2EFA46EAB03

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Matt Pawloski

Mailing Address 216 W 42nd St

City Kearney State NE Zip Code 68845-8500

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

Name of Employer Self Employed Occupation State Farm Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: A70FC9EF26A1F4E5BA77

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Natalie Peetz

Mailing Address 960 Fall Creek Road

City Lincoln State NE Zip Code 68510

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

Name of Employer Government Affairs Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A82C98968C320456B834

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
James Moseley

Mailing Address PO Box 1016

City Scottsbluff State NE Zip Code 69363-1016

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

Name of Employer Self Occupation Insurance Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: AC97FD388685744459F0

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Al Avery

Mailing Address 3125 N Webb Rd

City Grand Island State NE Zip Code 68803-1349

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

Name of Employer Woods Bros Realty Occupation Real Estate Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A40EA1F965F314A52B52

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Tim Kayton

Mailing Address PO Box 308

City Albion State NE Zip Code 68620

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

Name of Employer Kayton International, Inc. Occupation Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: AB4C8771A1504407EBD3

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Helen Dam

Mailing Address Box 87

City Valentine State NE Zip Code 69201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: AB7DDDE25B9C3485A937

Amount of Each Receipt this Period
 750.00

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

C. Full Name (Last, First, Middle Initial)
Hal Lainson

Mailing Address PO Box 366

City Hastings State NE Zip Code 68902

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

Name of Employer Dutton-lainson Company Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 8 / 2 0 0 6

Transaction ID: AA82E00DB3B294C78AF3

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Hon. Howard Lamb

Mailing Address Hc 71 Box 20

City Anselmo State NE Zip Code 68813-9708

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: A11AB549E7FA943A6B63

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Avis Brodhead

Mailing Address 5410 N. 17th Ave., Apt. 135
Apt 135

City Kearney State NE Zip Code 68845-8308

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: AB0DA7E7BCF054171957

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Raymond Ward

Mailing Address 2545 E 92nd St.

City Kearney State NE Zip Code 68847

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

Name of Employer Ward Laboratories Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: A80DC8FE96FD14B6CA90

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Roxanne McNally

Mailing Address P.O. Box 164

City State Zip Code
Neligh NE 68756

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: AEEF473C2384E434AAF5

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Cecil Riley

Mailing Address 18 2nd St NW

City State Zip Code
Aitkin MN 56431-1318

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: AD638573D24E4413A92B

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Fred B. Stifel

Mailing Address 3492 S Blackhawk Way

City State Zip Code
Aurora CO 80014-3909

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

Name of Employer Occupation
Faith Presbyterian Church Associate Pastor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: A77E7383207094B14A74

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)	560.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dwayne Brown

Mailing Address P.O. Box 158

City State Zip Code
Kearney NE 68848

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

Name of Employer Occupation
Brown Transfer President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: A32B431F45ECC47CA8BE

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert R. Kihlthau

Mailing Address 220861 County Rd D

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Occupation
None Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 6

Transaction ID: AC5EF645E0C0446488F3

Amount of Each Receipt this Period
70.00

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

C. Full Name (Last, First, Middle Initial)
Patricia McPheeters

Mailing Address 26118 S. McNickle Rd.

City State Zip Code
Gothenburg NE 69138

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

Name of Employer Occupation
Self Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A1CAEC98448364213A45

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **670.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 25 / 137
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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Suzie Wahlgren

Mailing Address 40835 Rd. 769

City Gothenburg State NE Zip Code 69138

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

Name of Employer Self Employed Occupation Artist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: ABB5F8D9B9BC34A95AC3

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
Lloyd Wade

Mailing Address 3275 South Steele St

City Denver State CO Zip Code 80210-6955

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: AE68BC5E31A544BD795F

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John W. Adams

Mailing Address 402 High St

City Bethlehem State PA Zip Code 18018-6104

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: A9411E4BE782843D3B81

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. W. W. Boyd

Mailing Address PO Box 1147

City State Zip Code
Tallahassee FL 32302

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

Name of Employer Self Occupation
Mechanical Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A66852377A63A46EA8E2

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Heng

Mailing Address 12926 Eagle Run Dr.

City State Zip Code
Omaha NE 68164

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

Name of Employer Raynor, Rensch, & Pfeiffer Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A155E76AF59E94288A56

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Tom Bosshardt

Mailing Address 3202 Lake Park Lane

City State Zip Code
Hastings NE 68901

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

Name of Employer Midwest Storage Sol Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A3AE3AE2851E941609A7

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Jeni Ekberg

Mailing Address 150503 Cr 34

City Bayard State NE Zip Code 69334

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

Name of Employer N.A. Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: AEE4D84D44DA74659BC6

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Gary Warren

Mailing Address 1910 O St

City Aurora State NE Zip Code 68818

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

Name of Employer Hamilton Telecommunication Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: A23603DADAF62446F917

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Glenn Lefkovitz

Mailing Address 112 Glenwood Ave

City Winnetka State IL Zip Code 60093-1509

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

Name of Employer Glenn Management Of Northbrook Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: ABAA1183F6AE84BBFB02

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Margaret Welch

Mailing Address 1102 W. 12th Street

City State Zip Code
Hastings NE 68901

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

Name of Employer Self Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: AC3F364E641204094962

Amount of Each Receipt this Period
200.00

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

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

Mailing Address PO Box 2371

City State Zip Code
Grand Island NE 68802

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

Name of Employer Self Occupation
Chiropractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: A6890C3EB629740748A1

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Byron Boslau

Mailing Address 6816 Forest Lake Boulevard

City State Zip Code
Lincoln NE 68516

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

Name of Employer Farmers Mutual of Nebraska Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: AE236464A1E6C477EA07

Amount of Each Receipt this Period
250.00

Check
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Jerry Schmitt

Mailing Address 2309 M St

City Ord State NE Zip Code 68862-1219

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: ADE722E08192344D1BD5

Amount of Each Receipt this Period
 50.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Helen L. Marshall

Mailing Address 827 Susan Ave

City Woodstock State VA Zip Code 22664-1133

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A2A0C1AEBDBC4A87BCB

Amount of Each Receipt this Period
 50.00

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

C. Full Name (Last, First, Middle Initial)
Roger Schaller

Mailing Address 8210 Lakeshore Rd.

City Lakeport State MI Zip Code 48059

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

Name of Employer Schaller Tool & Die Co. Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A5893050DA8B54AD2A29

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Jack Mc Sweeney

Mailing Address 2712 Central Ave

City State Zip Code
Kearney NE 68847

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

Name of Employer Self Employed Occupation
Real Estate Broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 234.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A3B8CD62F173C46438A3

Amount of Each Receipt this Period
46.88

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

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

Mailing Address No. 6 - 21st Ave. Place

City State Zip Code
Kearney NE 68845

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

Name of Employer Holiday Inn Occupation
Self

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A2E5C8D33EDAB4953861

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Neal Smith

Mailing Address 3321 Ave I

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Self Employed Occupation
Insurance Agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3491.93

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A83D07E4C28DC42C9A67

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► **621.88**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
John Sahling

Mailing Address 3212 20th Avenue

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Sahling Kenworth Inc. Self-employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: A4D61CE677B5B45B7B82

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Janice Wiebusch

Mailing Address 2712 Central Avenue

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Self Employed Real Estate Broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

334.37

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: AAC8945D8499F4F34A5E

Amount of Each Receipt this Period
46.87

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

C. Full Name (Last, First, Middle Initial)
LeAnne Skavdahl

Mailing Address 961 River Road

City State Zip Code
Harrison NE 69346

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

Name of Employer Occupation
N.A. Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: AEA69C66591C642D7B35

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **1096.87**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Donald Overman

Mailing Address 2201 7th Ave

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Occupation
Lincoln/overman & Assoc Insurance

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A667F452952114E8D812

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Karl Borden

Mailing Address PO Box 6

City State Zip Code
Gibbon NE 68840

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

Name of Employer Occupation
University of Nebraska - Kearney Professor of Financial Economics

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: AF4CB15F691D44066AC3

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Lois Thom

Mailing Address 1279 C Road

City State Zip Code
Minden NE 68959

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

Name of Employer Occupation
Self Agricultural Production

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: AB70D54EB4DF941ED836

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Douglas Abbott

Mailing Address 3100 W 12th St

City State Zip Code
Hastings NE 68901

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

Name of Employer Occupation
Abbott Aviation Member/Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A3EBA35BFCA4840DA858

Amount of Each Receipt this Period
250.00

In-kind: Flight - Broken
Bow to Hasting
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Miller

Mailing Address 1617 Belair

City State Zip Code
Alliance NE 69301-2235

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: A5F9239B57F0345E4BC3

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Charles Bonds

Mailing Address 1725 Davis Ave

City State Zip Code
Gering NE 69341-1824

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

Name of Employer Occupation
Calvary Memorial Efc Pastor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: A6B1B29FD1BC041C38B1

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Richard Jablonski

Mailing Address PO Box 192

City Columbus State NE Zip Code 68602

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

Name of Employer Self Employed Occupation ARL Credit Services, Debt Collector

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A7AECE21CADBF40DB90C

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 1830 W. 38th Avenue

City Denver State CO Zip Code 80211

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: A7D6B1214639444788AD

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Harold Rosenkotter

Mailing Address 3115 Goldenrod Dr

City Grand Island State NE Zip Code 68801

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 4 / 2 0 0 6

Transaction ID: A22577A4682534A8A82E

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Venetta Arganbright

Mailing Address 517 N. Main St.
Box 413

City State Zip Code
Valentine NE 69201

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: A901AB9F4098240E093B

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Aaron Smith

Mailing Address 4200 S. Louise Ave
Ste 101

City State Zip Code
Sioux Falls SD 57106-3123

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2122.67

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: A9A9B72BBD1BF419B9B6

Amount of Each Receipt this Period
122.67

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

C. Full Name (Last, First, Middle Initial)
Philip Mueller

Mailing Address 3919 Iron Mill Ln

City State Zip Code
San Antonio TX 78230

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2006

Transaction ID: A3149B0F9CC774C1393A

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **472.67**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Robert C. Dietrich

Mailing Address 808 Black Hills Ave

City Alliance State NE Zip Code 69301

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

Name of Employer Self Employed Occupation Optometrist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Transaction ID: A5814874D86364325B83

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John W. Adams

Mailing Address 402 High St

City Bethlehem State PA Zip Code 18018-6104

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Transaction ID: AB983C00E49A44ED79DB

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Gloria Erickson

Mailing Address 315 18th Avenue

City Holdrege State NE Zip Code 68949

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

Name of Employer Self Occupation Farm Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: A84824D8658B24FCE92B

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Lee Rutz

Mailing Address 42 Arnold Palmer

City San Antonio State TX Zip Code 78257

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: A17F763D6EE5849F2BEF

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Cara Potter

Mailing Address 615 Chestnut Street

City Friend State NE Zip Code 68359

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: AD4F157DF5AD74AB5BE2

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Birdeen Zier

Mailing Address 1540 Park Terrace

City Gering State NE Zip Code 69341-7114

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: A9CFF2F09E2694207863

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Erin B Frost-Elshami

Mailing Address 2300 E Saint George Dr

City State Zip Code
Sioux Falls SD 57103

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

Name of Employer Occupation
Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: A92825D6097BA4D42A6D

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Aaron Smith

Mailing Address 4200 S. Louise Ave
Ste 101

City State Zip Code
Sioux Falls SD 57106-3123

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

Name of Employer Occupation
Self Employed Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2315.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: AB9A95267C09B4214833

Amount of Each Receipt this Period
193.00

In-kind:Election Day Workers
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gloria Erickson

Mailing Address 315 18th Avenue

City State Zip Code
Holdrege NE 68949

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

Name of Employer Occupation
Self Farm Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: A7557719CCB514252A1C

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **993.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Graham

Mailing Address 20 The Trillium

City Pittsburgh State PA Zip Code 15238-1930

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: A357BCC810BB54D46B3B

Amount of Each Receipt this Period
 -2100.00

Reattribution from Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Irene Graham

Mailing Address 20 The Trillium

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: AEEEC03CBD701468AB35

Amount of Each Receipt this Period
 2100.00

Reattribution to Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Marvin Rubingh

Mailing Address 8022 Rubingh Rd

City Ellsworth State MI Zip Code 49729-9662

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

Name of Employer Self Employed Occupation Agriculture

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1140.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: AFC7DAF8371414CFAAB9

Amount of Each Receipt this Period
 700.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. John Francisco		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 811 W. Cardinal Cir		Transaction ID: A5F1BA65FB22D4F8BBC6	
City Oak Creek	State WI	Zip Code 53154-6328	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bartech Group	Occupation It Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas V. Reifenheiser		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 9 Watchtower Rd		Transaction ID: A01A91BA30A96405DBCE	
City Darlen	State CT	Zip Code 06820-2928	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N.A.		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2025.00		

Full Name (Last, First, Middle Initial) C. Mr. Allen Simon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1383 N Criss St		Transaction ID: A1D707D17F052468D9BF	
City Chandler	State AZ	Zip Code 85226-1307	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N.A.		Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. M. Anthony Desantis

Mailing Address 450 Duncan Ave

City State Zip Code
Jersey City NJ 07306-6724

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

Name of Employer Occupation
Jay Dee Trucking President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A95A9FDBB856842458C3

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
William Curran

Mailing Address 234 Church St Room 1003

City State Zip Code
New Haven CT 06510

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

Name of Employer Occupation
Halsey Associates, Inc. Investment Advisor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A338F62809F214D77A3C

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Rob Roy Mc Donald

Mailing Address PO Box 769

City State Zip Code
La Canada CA 91012-0769

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

Name of Employer Occupation
Caltech Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A7B6155D57F5143AA964

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
380901.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A925EB00E7E264883A64

Amount of Each Receipt this Period
2979.00

Conduit Memo Total

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

B. Full Name (Last, First, Middle Initial)
William Curran

Mailing Address 234 Church St Room 1003

City New Haven State CT Zip Code 06510

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

Name of Employer Occupation
Halsey Associates, Inc. Investment Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A9D039CBE9A274F128F1

Amount of Each Receipt this Period
300.00

Earmarked (Non-Directed)

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

C. Full Name (Last, First, Middle Initial)
Mr. Jerome Kenagy

Mailing Address 955 Ranch Rd

City Reedsport State OR Zip Code 97467-1931

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A1F9D3C319F734BEE828

Amount of Each Receipt this Period
200.00

Earmarked (Non-Directed)

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Josh Bradbury		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 26 Shoreline Drive		Transaction ID: A4B1A94A0D89443C7864
City Newport Coast	State CA	Zip Code 92657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Teaze of California, Inc.	Occupation CEO/Owner	Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. K.Tucker Andersen		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 61 Above All Road		Transaction ID: AC8D6AF5008D74885A8A
City Warren	State CT	Zip Code 06754-1710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Above All Advisors	Occupation Consultant	Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. M. Anthony Desantis		Date of Receipt MM / DD / YYYY 11 / 01 / 2006
Mailing Address 450 Duncan Ave		Transaction ID: A71A5B75EE9FA4DD5827
City Jersey City	State NJ	Zip Code 07306-6724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Jay Dee Trucking	Occupation President	Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
William Hanley

Mailing Address 250 Jungle Road

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Lexington NMgt. Group Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A571A397804A846FA96A

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. D.H. Johnston

Mailing Address 1803 Brookhaven Drive
1803 Brookhaven Drive

City State Zip Code
Austin TX 78704-2748

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

Name of Employer Occupation
Self Employed Rancher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A5BBFD7474BE14792B24

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Scott Aiman

Mailing Address P.O. Box 646

City State Zip Code
Lancaster OH 43130

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

Name of Employer Occupation
Retired Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: A19D564EDC93842DABE4

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400657.05

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: AAB7FE2FEEE184308974

Amount of Each Receipt this Period
6285.00

Conduit Memo Total

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

[MEMO ITEM]
Earmarked Non-Directed

B. Full Name (Last, First, Middle Initial)
Mr. Howard Greene

Mailing Address PO Box 8984

City Rancho Santa Fe State CA Zip Code 92067-8984

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: A12FA4409AD444286A08

Amount of Each Receipt this Period
100.00

Earmarked (Non-Directed)

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

C. Full Name (Last, First, Middle Initial)
Conrad Masterson

Mailing Address 3307 Virginia St

City Houston State TX Zip Code 77098-2137

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

Name of Employer Nanotechnology Foundation of Texas Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2006

Transaction ID: AE9D1939433914DA4BF2

Amount of Each Receipt this Period
100.00

Earmarked (Non-Directed)

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

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
381361.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A34C3DF1120B74E51980

Amount of Each Receipt this Period
460.00

Conduit Memo Total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

B. Full Name (Last, First, Middle Initial)
Mrs. Lucia E. Uihlein

Mailing Address 715 Lands End Drive

City Longboat Key State FL Zip Code 34228-1363

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AF965C969DD834D45A80

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
John Francisco

Mailing Address 811 W. Cardinal Cir

City Oak Creek State WI Zip Code 53154-6328

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

Name of Employer Bartech Group Occupation It Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AEE6A6D93FDB34B68B85

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Howard Greene

Mailing Address PO Box 8984

City Rancho Santa Fe State CA Zip Code 92067-8984

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A22D2E1C1C3594DA48D7

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
John Penicook, Jr.

Mailing Address 135 S. 8th Ave.

City Lagrange State IL Zip Code 60525

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

Name of Employer UBS Global Occupation Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A4FE8B9CFE4AA4ED9B42

Amount of Each Receipt this Period
 2100.00

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

C. Full Name (Last, First, Middle Initial)
David Nicholson

Mailing Address 3400 Barrow Island Rd.

City Jupiter State FL Zip Code 33477

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

Name of Employer York Management & Research Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A8CEB9AD82A6444BCBFE

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Francis Meaney

Mailing Address 45 Bittersweet Ln

City North Chatham State MA Zip Code 02650-1001

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

Name of Employer Mintz Levin Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: ACC55032558A04AEB8D0

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Paul Linthorst

Mailing Address 19 Huntwood Place

City Mt. Vernon State NY Zip Code 10552-1215

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

Name of Employer Self Employed Occupation Management Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A5C37691AE6434211A75

Amount of Each Receipt this Period
 50.00

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

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

Mailing Address 3640 Bishop Road

City Emmett State ID Zip Code 83617

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: AA6A092BE17294A6581C

Amount of Each Receipt this Period
 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Harold Berenson Mailing Address 3833 Lorraine Rd City Larkspur State CO Zip Code 80118-5616 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: AB13B506CE80E4389AD8 Amount of Each Receipt this Period 200.00 Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer True Mountain Group Llc Occupation Consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) William Purnell Mailing Address 9776 S. Johnson Ct City Littleton State CO Zip Code 80127-8593 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: A08A6329471A54426944 Amount of Each Receipt this Period 100.00 Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Consultant Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Lynn Maddox Mailing Address 2130 Lincoln Park West Apt 13-south City Chicago State IL Zip Code 60614-4649 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: A4B6F0F4B9B314DD78A8 Amount of Each Receipt this Period 100.00 Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stein Roe Investment Counsel Occupation Investment Counsel Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Allen Simon

Mailing Address 1383 N Criss St

City Chandler State AZ Zip Code 85226-1307

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A730F3BDEDC0849B389D

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Richard Weiss

Mailing Address 1304 Hawthorne Lane

City Hinsdale State IL Zip Code 60521

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

Name of Employer Strong Capital Management Occupation Portfolio Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A6BA44C497356406A915

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
James Graves

Mailing Address 3913 Centenary Ave.

City Dallas State TX Zip Code 75225

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: A72D8DCA90F9946C8917

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Andy Barth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6		
Mailing Address 1730 Windsor Road		Transaction ID: A78F75AFCA80A41A2A11		
City State Zip Code San Marino CA 91108	Amount of Each Receipt this Period 250.00		Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Betty Wolfe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6		
Mailing Address 1600 Texas St Apt. 1611		Transaction ID: ADFB2BC7EEB684120957		
City State Zip Code Fort Worth TX 76102-7500	Amount of Each Receipt this Period 500.00		Earmarked (Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation N.A. Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. Club For Growth Inc Pac		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6		
Mailing Address 2001 L St. Nw Suite 600		Transaction ID: A268B73C847FB48FEA0D		
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 7701.00		Conduit Memo Total <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Earmarked Non-Directed	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 394397.05			

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 137
	(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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Chuck Lien

Mailing Address P o Box 440

City State Zip Code
Rapid City SD 57709-0440

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

Name of Employer Occupation
Pete Lien And Sons Inc. Bus Exec

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2006

Transaction ID: AE7B4C175D4DC4D0CB3F

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw Suite 600

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 394397.05

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: AF0357599D7CB44D0BAE

Amount of Each Receipt this Period
135.00

Conduit Memo Total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

C. Full Name (Last, First, Middle Initial)
Robert Bruce

Mailing Address 100 Boerne Stage Airfield

City State Zip Code
Boerne TX 78006

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

Name of Employer Occupation
Boerne Stage Field Self Employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2006

Transaction ID: A57CAB520880A4F1D9B0

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Lucia E. Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228-1363

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A7B9722D07EF9401DB50

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1200 Cheyenne Drive

City State Zip Code
Crown Point IN 46307

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

Name of Employer Cornerstone Electrical Co-ntrat Occupation Engineering Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AFC14AED5CCF64EECB32

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Rust

Mailing Address 2600 Douglas Rd #604

City State Zip Code
Coral Gables FL 33134-6100

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AF251D60AABD74FC38D3

Amount of Each Receipt this Period
2100.00

Earmarked (Non-Directed)
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
385261.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: A545A9C0EC991428B9F0

Amount of Each Receipt this Period
3900.00

Conduit Memo Total

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

[MEMO ITEM]
Earmarked Non-Directed

B. Full Name (Last, First, Middle Initial)
Mr. Lanning Macfarland, Jr.

Mailing Address Law Bulletin Publishing Co.
415 North State St.

City Chicago State IL Zip Code 60610-4631

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

Name of Employer Occupation
Law Bulletin Publishing Co. Exective

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A864CB13055A74DA6A69

Amount of Each Receipt this Period
100.00

Earmarked (Non-Directed)

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

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

Mailing Address 19 Huntwood Place

City Mt. Vernon State NY Zip Code 10552-1215

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

Name of Employer Occupation
Self Employed Management Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A850FE9F6E81749D1AC1

Amount of Each Receipt this Period
50.00

Earmarked (Non-Directed)

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

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Cliff Ehrlich

Mailing Address 9710 Beman Woods Way

City Potomac State MD Zip Code 20854-5455

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A9557B8D16E5945C0993

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Marcus J. Epperson

Mailing Address 1507 Saddlecreek Dr

City Houston State TX Zip Code 77090-2135

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

Name of Employer N.A. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A439AEC2C12134E28989

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
John Sundeen

Mailing Address 4405 Wagon Wheel Ln

City Lansing State MI Zip Code 48917

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

Name of Employer General Motors Corporation Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A73EC254983C74545B57

Amount of Each Receipt this Period
250.00

Earmarked (Non-Directed)
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address PO Box 47
165 Main St

City Farmington State CT Zip Code 06034

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

Name of Employer Self Occupation Systems

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: A72A920470A8F4574A3B

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dana Anderson

Mailing Address 401 Wilshire Blvd Apt 700

City Santa Monica State CA Zip Code 90401-1452

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

Name of Employer The Macerich Company Occupation Vice Chairman Of The Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: AA4A098140756422EB8F

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 402677.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: AE804EADAC8CC4CF383D

Amount of Each Receipt this Period
2220.00

Conduit Memo Total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

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

Mailing Address 17156 Glen Road

City State Zip Code
Mt. Vernon OH 43050

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A7B0CF761BFF74B42B2D

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Lee Tenzer

Mailing Address 111 West Jackson Boulevard Suite 1

City State Zip Code
Chicago IL 60604

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AA2AD7125FA7B48B39B9

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Marj Krueger

Mailing Address 6208 Shadow Mountain Drive

City State Zip Code
Austin TX 78731-4151

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AA88334B5D74044CE96B

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
386561.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: AC835CCC1E8914E95B1E

Amount of Each Receipt this Period
1300.00

Conduit Memo Total

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

B. Full Name (Last, First, Middle Initial)
Dr. John K. Kammermeyer

Mailing Address 116 Ferson Ave

City Iowa City State IA Zip Code 52246-3504

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: AD937AA15B12240D4B4D

Amount of Each Receipt this Period
100.00

Earmarked (Non-Directed)

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

C. Full Name (Last, First, Middle Initial)
Club For Growth Inc Pac

Mailing Address 2001 L St. Nw
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
402907.05

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 6

Transaction ID: ABD93D2A2FA634438810

Amount of Each Receipt this Period
230.00

Conduit Memo Total

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Non-Directed

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	46779.42

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

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

FOR LINE NUMBER: PAGE 59 / 137
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTAC)

Mailing Address 25 Massachusetts Avenue NW #100

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A6C0F23CE0B1B48838AC

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Build Political Action Committee of the National Association of Home Builders

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005-2800

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: A99B02EEF956B4DEE84D

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 1155 21st Street NW Suite 300

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 6

Transaction ID: A00744438728D4D55955

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 137
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Good Fund, The

Mailing Address PO Box 3404

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2006

Transaction ID: AE04E95F6B8634562BF2

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address PO Box 15245

City State Zip Code
Washington DC 20003-0245

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1903.35

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: A59B666F3673C457EB2C

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
American Health Care Association (AHCA-PAC)

Mailing Address 1201 L Street N.W.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: A0ED977373197420EB8F

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. JOE WILSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2145

City State Zip Code
West Columbia SC 29171

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A3D6938E2553F4226AB8

Amount of Each Receipt this Period
1000.00

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

B. COLE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 722256

City State Zip Code
Norman OK 73070

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: AE788ABF1FFB54E05B79

Amount of Each Receipt this Period
2000.00

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

C. CONOCOPHILLIPS SPIRIT PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1400B Plaza Office Building

City State Zip Code
Bartlesville OK 74004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A6C6774F471BE4B34924

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 137
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. BLACKWELL SANDERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 4801 Main, Ste. 1000

City Kansas City	State MO	Zip Code 64112
---------------------	-------------	-------------------

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: AA3628ADABB354E53A43

Amount of Each Receipt this Period
1000.00

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

B. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1919 Pennsylvania Ave NW
8th Floor

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: A1D09D9975C27410CB5C

Amount of Each Receipt this Period
1000.00

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

C. PINNACLE BANCORP INC PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1401 N STREET

City LINCOLN	State NE	Zip Code 68508
-----------------	-------------	-------------------

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: ABACDC2E650144D4BD0

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial)
A. AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH STREET, NW #802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A54E7B325FACC4369AFE

Amount of Each Receipt this Period
2000.00

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

Full Name (Last, First, Middle Initial)
B. QWEST COMMUNICATIONS INTERNATIONAL INC POLITICAL ACTION COMMITTEE

Mailing Address 607 14th Street N.W. Suite 950

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: ADAD8E8C2ED6241D699A

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. Blue Cross And Blue Shield Of Nebraska P

Mailing Address 7261 Mercy Rd Po Box 3248

City Omaha State NE Zip Code 68124

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A704B4FE193C74DDF952

Amount of Each Receipt this Period
500.00

Check
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 137
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Committee to Elect Pat Engel

Mailing Address 1000 W. 29th St., Suite #218

City State Zip Code
So. Sioux City NE 68776

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: A0AB72A30188F484FB52

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City State Zip Code
Alexandria VA 22301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A93F7E39EC1F84570AF5

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
WEST PAC C/O SPRINT

Mailing Address 30 East 7th St Suite 1630

City State Zip Code
Saint Paul MN 55101-4914

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A8D88944DCA834EB585F

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2775.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.

Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID: AAD44358A0D46405B815

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (EDC)

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 27 / 2006

Transaction ID: A5B7DE586DD9246B3BAF

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Gun Owners of America Political Victory Fund

Mailing Address 8001 Forbes Pl., Ste 102

City State Zip Code
Springfield VA 22151

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2006

Transaction ID: AD23C4F950AF14FBD83C

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 137
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave NW, Ste. 800W

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A52435F08C9E84C4E8B1

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address PO Box 15245

City State Zip Code
Washington DC 20003-0245

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2153.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: AFE949ACFD8684D2EA8D

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
CAREMARK RX INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 2211 Sanders Road 10th Floor

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A512E4FA01BF9419281C

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 137
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS 2006

Mailing Address P.O. Box 38585

City State Zip Code
Dallas TX 75238-0585

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A78BAE469FAC8490583B

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company Political Action Committee

Mailing Address 101 North Third Street

City State Zip Code
Moorhead MN 56560

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: A5E60E480C87B49B5BDA

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1919 Pennsylvania Ave NW
8th Floor

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: A513319E5A14E469D96A

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. COMCAST CORP. POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Market Street
 City Philadelphia State PA Zip Code 19102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6
Transaction ID: A7DCC7D3A8E924141931
 Amount of Each Receipt this Period
 1000.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 10134
 City Bakersfield State CA Zip Code 93389-0134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6
Transaction ID: AD480D3D86C54417A9BB
 Amount of Each Receipt this Period
 1000.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. NEW REPUBLICAN MAJORITY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 North Union Street, Suite 530
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 6
Transaction ID: A6AFF9546CC4F42D68C0
 Amount of Each Receipt this Period
 2500.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. NEW PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address P.O. BOX 7480		Transaction ID: AF73EFAF0EAE24EF9A34	
City VISALIA	State CA	Zip Code 93290	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) B. Heartland Values PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address P.O. Box 505		Transaction ID: AFC34DA0C798B4545AD4	
City Sioux Falls	State SD	Zip Code 57101	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3500.00			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JACK KINGSTON		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address PO Box 2133		Transaction ID: A37433959F50D48DE956	
City SAVANNAH	State GA	Zip Code 31402	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. AMERICAN BAKERS ASSOCIATION AMERICAN BAKERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1300 I Street, NW
Suite 700 West

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: ADF77A2A9AB884983B9C

Amount of Each Receipt this Period
500.00

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

B. NESTLE PURINA COMPANY COMMITTEE FOR GOOD GOVERNMENT (RP-PAC)

Full Name (Last, First, Middle Initial)
Mailing Address Checkerboard Square

City St. Louis State MO Zip Code 63164

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: AE05462A94FC0414DAE6

Amount of Each Receipt this Period
750.00

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

C. FRIENDS OF JACK KINGSTON

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2133

City SAVANNAH State GA Zip Code 31402

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: ADAADB62CF37F4E51A7C

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 137
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
BECTON DICKINSON AND COMPANY POLITICAL ACTION COMMITTEE (BD PAC)

Mailing Address ONE BECTON DRIVE

City State Zip Code
Franklin Lakes NJ 07417

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: AD62E9A36FD53455887A

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 1417-D49

City State Zip Code
Alexandria VA 22313

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: A2E316E33800E4C87ADE

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSCPAC)

Mailing Address 1399 New York Avenue Suite 720

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: A6DD9C13641824DD181D

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 / 137	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
CONAGRA Foods Good Government Association

Mailing Address One CONAGRA Drive
1627 I St, NW Suite 950 Wash. DC 2

City State Zip Code
Omaha NE 68102-5001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: AD0E991F262DB42FAA3C

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	52275.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 73 / 137	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Platte Valley National Bank

Mailing Address 1212 Circle Dr

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
580.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: AFC27372CB14E42BF855

Amount of Each Receipt this Period
67.76

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

SUBTOTAL of Receipts This Page (optional)	▶	67.76
TOTAL This Period (last page this line number only)	▶	67.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Jack Mc Sweeney</p>		<p>Transaction ID: B3B8CD62F173C46438A3 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	0	6													
<p>Mailing Address 2712 Central Ave</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>46.88</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	46.88																			
46.88																						
<p>City State Zip Code Kearney NE 68847</p>	<p>Purpose of Disbursement In-kind:Office Use</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>																				

<p>B. Full Name (Last, First, Middle Initial) Mr. Neal Smith</p>		<p>Transaction ID: B83D07E4C28DC42C9A67 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	0	6													
<p>Mailing Address 3321 Ave I</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	75.00																			
75.00																						
<p>City State Zip Code Scottsbluff NE 69361</p>	<p>Purpose of Disbursement In-kind:Office Use</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>																				

<p>C. Full Name (Last, First, Middle Initial) Janice Wiebusch</p>		<p>Transaction ID: BAC8945D8499F4F34A5E Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	0	6													
<p>Mailing Address 2712 Central Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>46.87</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	46.87																			
46.87																						
<p>City State Zip Code Kearney NE 68847</p>	<p>Purpose of Disbursement In-kind:Office Use</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/ Type</p>																				

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>168.75</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Douglas Abbott		Transaction ID: B3EBA35BFCA4840DA858 Date of Disbursement 11 / 02 / 2006
Mailing Address 3100 W 12th St		Amount of Each Disbursement this Period 250.00
City Hastings State NE Zip Code 68901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind: Flight - Broken Bow to Hasting Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aaron Smith		Transaction ID: B9A9B72BBD1BF419B9B6 Date of Disbursement 11 / 04 / 2006
Mailing Address 4200 S. Louise Ave Ste 101		Amount of Each Disbursement this Period 122.67
City Sioux Falls State SD Zip Code 57106-3123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind: Flight Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Aaron Smith		Transaction ID: BB9A95267C09B4214833 Date of Disbursement 11 / 07 / 2006
Mailing Address 4200 S. Louise Ave Ste 101		Amount of Each Disbursement this Period 193.00
City Sioux Falls State SD Zip Code 57106-3123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind: Election Day Workers Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	565.67
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Greener and Hook</p> <p>Full Name (Last, First, Middle Initial) Greener and Hook</p> <p>Mailing Address 3101 Wilson Blvd, Ste 810</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Media Buy</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>Transaction ID: B1002AA98D8A5418A8F3</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>119425.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6	119425.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	0	/	2	0	0	6														
119425.00																							
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>																					

<p>B. Paypal</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: BFF4454733FDC4A05AE7</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1.03</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0	6	1.03
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	1	/	2	0	0	6														
1.03																							
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>																					

<p>C. Paypal</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: B81B5965B12AD4C03850</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1.03</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	6	1.03
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	2	/	2	0	0	6														
1.03																							
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>119427.06</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Western Plains Business Solutions		Transaction ID: BECC2F9760ED74EF2B31 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 120.38
City State Zip Code Scottsbluff NE 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Cookie Cafe		Transaction ID: B169B6178395A474DA94 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 74185 K Road		Amount of Each Disbursement this Period 242.50
City State Zip Code Elm Creek NE 68836	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering 10/18	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Grand Island Independent		Transaction ID: B8EE5310901CD4B608DA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 422 W 1st Street Box 1208		Amount of Each Disbursement this Period 259.00
City State Zip Code Grand Island NE 68802-1208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	621.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Rob Czaplowski		Transaction ID: B22B2AC871A0746498C3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1003 N. Hancock Ave		Amount of Each Disbursement this Period 133.64	
City Grand Island State NE Zip Code 68803-3519	Purpose of Disbursement Mileage and Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Mr. Cody Siegfried		Transaction ID: B9824CBC01CFE4A20A00 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 322 N Cherokee Rd		Amount of Each Disbursement this Period 44.91	
City McCook State NE Zip Code 69001	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Mr. M. Daniel Huber, II		Transaction ID: B584CBF4B1E854DE3980 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 2400 Blackstone Rd		Amount of Each Disbursement this Period 75.00	
City Gering State NE Zip Code 69341-2512	Purpose of Disbursement Phone Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

253.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Rebecca Weber</p> <p>Mailing Address 1700 N Street Apt. 9</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Mileage Reimbursement</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B2B2C059569254E319D4</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 277.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B6A78FD143D15446AA19</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 0.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 101 2nd St</p> <p>City Scottsbluff State NE Zip Code 69355-9700</p> <p>Purpose of Disbursement Postage</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B24CE4215E74042E682C</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 651.68</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) ▶

929.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: B0BA4C84E8B284C57A08 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 9.00
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Greener and Hook		Transaction ID: BD93C1CAA821E4E2EBB3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3101 Wilson Blvd, Ste 810		Amount of Each Disbursement this Period 6000.00
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Production	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wunderlich's Catering & Barley Shoppe		Transaction ID: BBAA1BE68211C4992A5D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 304 23rd Street		Amount of Each Disbursement this Period 266.48
City Columbus State NE Zip Code 68601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering 10/10/06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) **6275.48**

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)
Adrian Smith for Congress

A. Paypal Full Name (Last, First, Middle Initial) Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BAF6142B021624FC7900 Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Public Opinion Strategies Full Name (Last, First, Middle Initial) Mailing Address 277 South Washington Street, Ste 3 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Survey Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BA1B7C26F5D06476FB15 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 4250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Majority Communications, Inc. Full Name (Last, First, Middle Initial) Mailing Address 274 Marconi Blvd Ste 260 City Columbus State OH Zip Code 43215 Purpose of Disbursement Direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B2F77348E00B048D3B29 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 38421.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)

42674.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: B5546BA9439A9425499E Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6	
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.75	
City Omaha State NE Zip Code 68145	Purpose of Disbursement Credit Card Processing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Paypal		Transaction ID: BCC710D0FA72A4601BF6 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 6.10	
City Omaha State NE Zip Code 68145	Purpose of Disbursement Credit Card Processing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Paypal		Transaction ID: BBCBB250283104F788F5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.75	
City Omaha State NE Zip Code 68145	Purpose of Disbursement Credit Card Processing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ► 9.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: B4D983023DA7148D989C Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.75
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paypal		Transaction ID: BD24BD8AE48BD4E408A6 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 6.10
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paypal		Transaction ID: BCD4611C09AAD434E888 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 3.20
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 11.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Rob Czaplowski</p>		<p>Transaction ID: B2C8524E5A23D493DA23 Date of Disbursement 10 / 30 / 2006</p>
<p>Mailing Address 1003 N. Hancock Ave</p>		<p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Grand Island State NE Zip Code 68803-3519</p>	<p>Purpose of Disbursement Communication Consulting</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Full Name (Last, First, Middle Initial) Mr. Cody Siegfried</p>		<p>Transaction ID: B15E6DDE606684A048DE Date of Disbursement 10 / 31 / 2006</p>
<p>Mailing Address 322 N Cherokee Rd</p>		<p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City McCook State NE Zip Code 69001</p>	<p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Full Name (Last, First, Middle Initial) Paypal</p>		<p>Transaction ID: BBC3346EB54064F5F812 Date of Disbursement 10 / 31 / 2006</p>
<p>Mailing Address PO Box 45950</p>		<p>Amount of Each Disbursement this Period 1.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Omaha State NE Zip Code 68145</p>	<p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>551.75</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: BB587317869264F0697E Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 3.20
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. All Needs Computer & Mailing Services, Inc.		Transaction ID: BA5BEE8E9925440C3A8B Date of Disbursement 10 / 31 / 2006
Mailing Address 5609 S 49th, Ste 2A		Amount of Each Disbursement this Period 857.69
City Lincoln State NE Zip Code 68516	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct Mail	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paypal		Transaction ID: B2364E0CC61D54BA8AB0 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.75
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	862.64
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Paypal</p> <p>Full Name (Last, First, Middle Initial) Adrian Smith for Congress</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: BA667EEBDDC284974BBA</p> <p>Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 1.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Print Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Po Box 770</p> <p>City Scottsbluff State NE Zip Code 69363-0770</p> <p>Purpose of Disbursement Printing</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B331211CCB9F14B5B96C</p> <p>Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 723.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Rob Czaplowski</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1003 N. Hancock Ave</p> <p>City Grand Island State NE Zip Code 68803-3519</p> <p>Purpose of Disbursement Office Supplies, Room Charge, Mileage</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: BD594E0F2767C4EB99EB</p> <p>Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 189.31</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) ▶

913.66

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: BBE4F9F15B6D14CC8AC0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.03
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paypal		Transaction ID: B4B82BF912D834836834 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 0.74
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UltraAir LLC		Transaction ID: BFF07896F99894385BB6 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 14301 FNB Parkway, Ste 115		Amount of Each Disbursement this Period 2956.25
City Omaha State NE Zip Code 68154	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flight	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

2958.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Paypal</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: B7E28500FC34940CF87D</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.55"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Murphy's Wagon Wheel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 107 N Lincoln Ave</p> <p>City Hastings State NE Zip Code 68901</p> <p>Purpose of Disbursement Catering</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>Transaction ID: BC42DE4D838F0451BA16</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="295.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Paypal</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: B408B9BB8843C41909AA</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="311.79"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: B1ECE652A26864C36B1D Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 3.20
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paypal		Transaction ID: B7624AE357FC6414B99C Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 1.75
City Omaha State NE Zip Code 68145	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wildberry Production Group		Transaction ID: B67504297C3C440BAA94 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 201 N 8th Street, Suite 206		Amount of Each Disbursement this Period 1238.80
City Lincoln State NE Zip Code 68508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Video Recording	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1243.75
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 90 / 137

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Paypal Full Name (Last, First, Middle Initial) Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BC6CEFA82DF784745B5F Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Paypal Full Name (Last, First, Middle Initial) Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BB01FB9315C2E49A6B65 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Advantage, Inc. Full Name (Last, First, Middle Initial) Mailing Address 1611 N Kent Street, Suite 905 City Arlington State VA Zip Code 22209 Purpose of Disbursement Phone Campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B8CF6469E39BD468D968 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 32717.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	32720.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Western Plains Business Solutions		Transaction ID: B893689744EA0449D9CF Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 264.82
City State Zip Code Scottsbluff NE 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jamie T. Karl		Transaction ID: B9A2352FFB4974DB5A95 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 108 Whitmar St.		Amount of Each Disbursement this Period 50.40
City State Zip Code Dorchester NE 68343	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hotel Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jamie T. Karl		Transaction ID: B358A84515AFE4D1EA5E Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 108 Whitmar St.		Amount of Each Disbursement this Period 1576.91
City State Zip Code Dorchester NE 68343	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1892.13
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Rebecca Weber</p>		<p>Transaction ID: B31192025DFD2421A86C Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
<p>Mailing Address 1700 N Street Apt. 9</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>63.97</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	63.97																			
63.97																						
<p>City Lincoln State NE Zip Code 68508</p>																						
<p>Purpose of Disbursement Hotel Reimbursement</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Rebecca Weber</p>		<p>Transaction ID: B976D9C5210144F1B95A Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
<p>Mailing Address 1700 N Street Apt. 9</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>314.93</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	314.93																			
314.93																						
<p>City Lincoln State NE Zip Code 68508</p>																						
<p>Purpose of Disbursement Mileage Reimbursement</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Mr. James Dukesherer</p>		<p>Transaction ID: B96BE384F10D64D43859 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	2	/	2	0	0	6													
<p>Mailing Address PO Box 281</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>66.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	66.00																			
66.00																						
<p>City Bayard State NE Zip Code 69334-0281</p>																						
<p>Purpose of Disbursement Phone</p>		<p>Category/ Type</p>																				
<p>Candidate Name</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>444.90</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Protexter Consulting		Transaction ID: BD8CC1AE6717543AF801 Date of Disbursement 11 / 22 / 2006
Mailing Address 17319 O Street		Amount of Each Disbursement this Period 3000.00
City Omaha State NE Zip Code 68135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Communication Consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Money Wi\$, Inc		Transaction ID: BFF2AC912B0E74EE5B47 Date of Disbursement 11 / 22 / 2006
Mailing Address 1060 13th St		Amount of Each Disbursement this Period 555.68
City Gering State NE Zip Code 69341	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. UltraAir LLC		Transaction ID: BEDAC7392C4B34C568A4 Date of Disbursement 11 / 22 / 2006
Mailing Address 14301 FNB Parkway, Ste 115		Amount of Each Disbursement this Period 385.12
City Omaha State NE Zip Code 68154	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flight on October 19th	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3940.80
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Rob Czaplowski Full Name (Last, First, Middle Initial) Mailing Address 1003 N. Hancock Ave City Grand Island State NE Zip Code 68803-3519 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BCF7F38218026439D9ED Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 348.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Viaero Wireless Full Name (Last, First, Middle Initial) Mailing Address 1224 W Platte Ave City Fort Morgan State CO Zip Code 80701 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B1697F16081F04DD587C Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 348.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Rebecca Weber Full Name (Last, First, Middle Initial) Mailing Address 1700 N Street Apt. 9 City Lincoln State NE Zip Code 68508 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B4E283B942C434BCEA3C Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	548.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Mr. Neal Smith		Transaction ID: B20A577E771E844C7BB1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 3321 Ave I		Amount of Each Disbursement this Period 12433.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Scottsbluff NE 69361	Purpose of Disbursement Payroll Processing	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Mr. Cody Siegfried		Transaction ID: B9EBC083E20F84303961 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 322 N Cherokee Rd		Amount of Each Disbursement this Period 689.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code McCook NE 69001	Purpose of Disbursement Salary	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Jamie T. Karl		Transaction ID: B77FF27459F68440E9BC Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 108 Whitmar St.		Amount of Each Disbursement this Period 1102.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Dorchester NE 68343	Purpose of Disbursement Salary	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	12433.84
TOTAL 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)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Rebecca Weber</p>		<p>Transaction ID: B193CB25A566041F1A4D Date of Disbursement 10 / 30 / 2006</p>	
<p>Mailing Address 1700 N Street Apt. 9</p>		<p>Amount of Each Disbursement this Period 1764.45</p>	
<p>City Lincoln State NE Zip Code 68508</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Kurt Arganbright</p>		<p>Transaction ID: B7C624A6DC58E4DD39FB Date of Disbursement 10 / 30 / 2006</p>	
<p>Mailing Address PO Box 67</p>		<p>Amount of Each Disbursement this Period 551.39</p>	
<p>City Valentine State NE Zip Code 69201</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Full Name (Last, First, Middle Initial) Mr. James Dukesherer</p>		<p>Transaction ID: B81EFB44A5544493A95A Date of Disbursement 10 / 30 / 2006</p>	
<p>Mailing Address PO Box 281</p>		<p>Amount of Each Disbursement this Period 716.81</p>	
<p>City Bayard State NE Zip Code 69334-0281</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. M. Daniel Huber, II</p>		<p>Transaction ID: BC0D0119EB3304493B97 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	0		2	0	0	6													
<p>Mailing Address 2400 Blackstone Rd</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>7609.17</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>	7609.17																			
7609.17																						
<p>City Gering State NE Zip Code 69341-2512</p>	<p>Purpose of Disbursement Salary Candidate Name Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>B. Full Name (Last, First, Middle Initial) Rob Czaplewski</p>		<p>Transaction ID: BF8A08CAF3BEA4CBBB0D Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	1		2	0	0	6													
<p>Mailing Address 1003 N. Hancock Ave</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>794.65</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>	794.65																			
794.65																						
<p>City Grand Island State NE Zip Code 68803-3519</p>	<p>Purpose of Disbursement Phone Candidate Name Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>C. Full Name (Last, First, Middle Initial) Viaero Wireless</p>		<p>Transaction ID: B639FC34836874665BE7 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	0		2	0	0	6													
<p>Mailing Address 1224 W Platte Ave</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>794.65</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>	794.65																			
794.65																						
<p>City Fort Morgan State CO Zip Code 80701</p>	<p>Purpose of Disbursement Phone Candidate Name Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

SUBTOTAL of Disbursements This Page (optional) ▶

794.65

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Nancy Bocskor		Transaction ID: B87B0A808586D438DB0F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 3323 N Washington Blvd		Amount of Each Disbursement this Period 3042.42	
City Arlington State VA Zip Code 22201-4505	Purpose of Disbursement PAC Consulting and Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B58D8B3D42E64434BBEB Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 23.88	
City Memphis State TN Zip Code 38120	Purpose of Disbursement Shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Josh Sand		Transaction ID: B0D1BC891EF33442BA81 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1300 Garret Ln		Amount of Each Disbursement this Period 331.16	
City Lincoln State NE Zip Code 68512-9330	Purpose of Disbursement Event Food and Refreshments	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ► **3373.58**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Sam's Club		Transaction ID: B8F03B7BD07CA4C36836 Date of Disbursement 10 / 26 / 2006
Mailing Address 4900 N 27th St		Amount of Each Disbursement this Period 312.23
City Lincoln State NE Zip Code 68521	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food for Event	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nancy Bocskor		Transaction ID: BA09AD4D3A32E4DB19B9 Date of Disbursement 11 / 22 / 2006
Mailing Address 3323 N Washington Blvd		Amount of Each Disbursement this Period 3036.88
City Arlington State VA Zip Code 22201-4505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAC Consulting and Expenses	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: BA9379B64CF234D5A925 Date of Disbursement 10 / 03 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 23.78
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3036.88
TOTAL 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)

PAGE 100 / 137

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Neal Smith</p>		<p>Transaction ID: B590A848C4C964BB5A79 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
<p>Mailing Address 3321 Ave I</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>4714.39</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	4714.39																			
4714.39																						
<p>City State Zip Code Scottsbluff NE 69361</p>	<p>Purpose of Disbursement Payroll Processing</p>																					
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: District:</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>																					

<p>B. Full Name (Last, First, Middle Initial) Mr. M. Daniel Huber, II</p>		<p>Transaction ID: BE45C0AADA1E4452C993 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
<p>Mailing Address 2400 Blackstone Rd</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>992.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	992.50																			
992.50																						
<p>City State Zip Code Gering NE 69341-2512</p>	<p>Purpose of Disbursement Salary</p>																					
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: District:</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>																					

<p>C. Full Name (Last, First, Middle Initial) Mr. James Dukesherer</p>		<p>Transaction ID: B4C7EA0747477423DB4D Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	6													
<p>Mailing Address PO Box 281</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>716.81</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	716.81																			
716.81																						
<p>City State Zip Code Bayard NE 69334-0281</p>	<p>Purpose of Disbursement Salary</p>																					
<p>Candidate Name</p>	<p>Category/ Type</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				
<p>State: District:</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>																					

SUBTOTAL of Disbursements This Page (optional) ►

4714.39

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)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Rebecca Weber</p>		<p>Transaction ID: B429148B5A60F486181D Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	0	/	2	0	0	6														
<p>Mailing Address 1700 N Street Apt. 9</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>6</td><td>1</td><td>6</td><td>7</td> </tr> </table> </p>		6	6	1	6	7															
6	6	1	6	7																			
<p>City Lincoln State NE Zip Code 68508</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>B. Full Name (Last, First, Middle Initial) Kurt Arganbright</p>		<p>Transaction ID: B87C5100B5BBF4E58BD4 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	0	/	2	0	0	6														
<p>Mailing Address PO Box 67</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>5</td><td>1</td><td>3</td><td>9</td> </tr> </table> </p>		5	5	1	3	9															
5	5	1	3	9																			
<p>City Valentine State NE Zip Code 69201</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p>C. Full Name (Last, First, Middle Initial) Jamie T. Karl</p>		<p>Transaction ID: B6741E7296C114593980 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	0	/	2	0	0	6														
<p>Mailing Address 108 Whitmar St.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>1</td><td>0</td><td>2</td><td>7</td><td>8</td> </tr> </table> </p>		1	1	0	2	7	8														
1	1	0	2	7	8																		
<p>City Dorchester State NE Zip Code 68343</p>	<p>Purpose of Disbursement Salary</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Mr. Cody Siegfried		Transaction ID: B690A37E2207C44CF8BA Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 322 N Cherokee Rd		Amount of Each Disbursement this Period 689.24
City McCook State NE Zip Code 69001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Citi Cards		Transaction ID: B768A69FA898C44D5B85 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 688903		Amount of Each Disbursement this Period 5284.41
City Des Moines State IA Zip Code 50368-8903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Payment Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Sinclair Super Shop		Transaction ID: BE88CD95E15D74D3AB4A Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 902 W Overland		Amount of Each Disbursement this Period 56.68
City Scottsbluff State NE Zip Code 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5284.41
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Western Plains Business Solutions		Transaction ID: B37916CAAFBB4439DBBC Date of Disbursement 10 / 04 / 2006
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 43.66
City State Zip Code Scottsbluff NE 69361	Purpose of Disbursement Printing	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Western Plains Business Solutions		Transaction ID: BBA19A8D36D094883905 Date of Disbursement 10 / 05 / 2006
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 102.72
City State Zip Code Scottsbluff NE 69361	Purpose of Disbursement Printing	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: BB5ABC67A9E5E438C903 Date of Disbursement 10 / 05 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 468.64
City State Zip Code Scottsbluff NE 69355-9700	Purpose of Disbursement Postage	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B45A056617A48485E91B Date of Disbursement 10 / 05 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 106.33	
City Scottsbluff	State NE	Zip Code 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Western Plains Business Solutions		Transaction ID: B95188D642F8B4424A19 Date of Disbursement 10 / 06 / 2006	
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 102.72	
City Scottsbluff	State NE	Zip Code 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Printing		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B2EBE26A15D3E4C1CBC4 Date of Disbursement 10 / 06 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 179.99	
City Scottsbluff	State NE	Zip Code 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

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

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PAGE 105 / 137

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Pump and Pantry</p> <p>Full Name (Last, First, Middle Initial) Adrian Smith for Congress</p>		<p>Transaction ID: BE0BBABF5D38D42F486B</p> <p>Date of Disbursement 10 / 06 / 2006</p>
<p>Mailing Address 1037 E South E St</p>		<p>Amount of Each Disbursement this Period 63.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Broken Bow State NE Zip Code 68822</p>	<p>Purpose of Disbursement Travel</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Fedex Corporation</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: B8518CBA3D9D54750B5A</p> <p>Date of Disbursement 10 / 06 / 2006</p>
<p>Mailing Address 942 South Shady Grove Road</p>		<p>Amount of Each Disbursement this Period 12.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Memphis State TN Zip Code 38120</p>	<p>Purpose of Disbursement Shipping</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Bosselman Truck Plaza</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: B43194BDE56E34EB48BA</p> <p>Date of Disbursement 10 / 07 / 2006</p>
<p>Mailing Address 3335 W Wood River Rd</p>		<p>Amount of Each Disbursement this Period 63.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Grand Island State NE Zip Code 68803</p>	<p>Purpose of Disbursement Travel</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 137

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Full Name (Last, First, Middle Initial) Shell</p>		<p>Transaction ID: B0C1766C499294E84952 Date of Disbursement: <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	9	/	2	0	0	6														
<p>Mailing Address 3711 S Lincoln Ave</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>26.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		26.80																			
26.80																							
<p>City York State NE Zip Code 68467</p>	<p>Purpose of Disbursement Travel</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Shell</p>		<p>Transaction ID: BE35806D5A7CF422BAE1 Date of Disbursement: <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	9	/	2	0	0	6														
<p>Mailing Address 3711 S Lincoln Ave</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		75.00																			
75.00																							
<p>City York State NE Zip Code 68467</p>	<p>Purpose of Disbursement Travel</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) United States Postal Service</p>		<p>Transaction ID: BE129E19E9D9345AD81D Date of Disbursement: <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	0	/	2	0	0	6														
<p>Mailing Address 101 2nd St</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.85</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		50.85																			
50.85																							
<p>City Scottsbluff State NE Zip Code 69355-9700</p>	<p>Purpose of Disbursement Postage</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>																						

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Western Plains Business Solutions		Transaction ID: B666792C387404069809 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 179.76
City State Zip Code Scottsbluff NE 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Western Plains Business Solutions		Transaction ID: B626AC923299641DFA10 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 128.40
City State Zip Code Scottsbluff NE 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B74492FB56EE142A4B71 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1711 Frontage Rd		Amount of Each Disbursement this Period 56.68
City State Zip Code Scottsbluff NE 69361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Staples Full Name (Last, First, Middle Initial) Mailing Address 1711 Frontage Rd City State Zip Code Scottsbluff NE 69361 Purpose of Disbursement Office Supplies Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: BC92BAEFDED3B44DEAFD Date of Disbursement 10 / 11 / 2006 Amount of Each Disbursement this Period 22.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address 101 2nd St City State Zip Code Scottsbluff NE 69355-9700 Purpose of Disbursement Postage Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B87F992EE42B841E5A96 Date of Disbursement 10 / 11 / 2006 Amount of Each Disbursement this Period 537.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address 101 2nd St City State Zip Code Scottsbluff NE 69355-9700 Purpose of Disbursement Postage Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: BEB8A71B9A7DC43E78D3 Date of Disbursement 10 / 11 / 2006 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 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address 101 2nd St City Scottsbluff State NE Zip Code 69355-9700 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B560EF3587C44414DACC Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 0.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Pump and Pantry Full Name (Last, First, Middle Initial) Mailing Address 1037 E South E St City Broken Bow State NE Zip Code 68822 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B58E72FF36E4D4CEDBA5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 70.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
---	--	---

C. Fedex Corporation Full Name (Last, First, Middle Initial) Mailing Address 942 South Shady Grove Road City Memphis State TN Zip Code 38120 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B0BEB0A373D644BDF970 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 14.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: B8D1E2058C6C34B88848 Date of Disbursement 10 / 12 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 22.34
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B77E3E43895444F30ACD Date of Disbursement 10 / 12 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 14.15
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B0716C023AB184B41AF4 Date of Disbursement 10 / 13 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 78.00
City Scottsbluff State NE Zip Code 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Sinclair Super Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 902 W Overland</p> <p>City Scottsbluff State NE Zip Code 69361</p> <p>Purpose of Disbursement Travel</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>Transaction ID: B9C6788E6FE2F4A409B0</p> <p>Date of Disbursement</p> <p>10 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Sinclair Super Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 902 W Overland</p> <p>City Scottsbluff State NE Zip Code 69361</p> <p>Purpose of Disbursement Travel</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>Transaction ID: BB03990B0FB2F4F7B87C</p> <p>Date of Disbursement</p> <p>10 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>32.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Fedex Corporation</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 942 South Shady Grove Road</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Shipping</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>Transaction ID: B36EC2FC1ABE141E9BF0</p> <p>Date of Disbursement</p> <p>10 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>17.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B0835D6B285DE49259AF Date of Disbursement 10 / 16 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 757.00
City Scottsbluff	State NE Zip Code 69355-9700	
Purpose of Disbursement Postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B8EC4BB66524D48A6A98 Date of Disbursement 10 / 16 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 4.20
City Scottsbluff	State NE Zip Code 69355-9700	
Purpose of Disbursement Postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B8E1B802E819144BD898 Date of Disbursement 10 / 16 / 2006
Mailing Address 1711 Frontage Rd		Amount of Each Disbursement this Period 87.04
City Scottsbluff	State NE Zip Code 69361	
Purpose of Disbursement Office Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B05063B18A20841DCB0C Date of Disbursement 10 / 17 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 82.06
City Scottsbluff	State NE Zip Code 69355-9700	
Purpose of Disbursement Postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell		Transaction ID: B5FDE20646169469186B Date of Disbursement 10 / 18 / 2006
Mailing Address 3711 S Lincoln Ave		Amount of Each Disbursement this Period 75.00
City York	State NE Zip Code 68467	
Purpose of Disbursement Travel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B322B3CF181DD41C5A25 Date of Disbursement 10 / 18 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 254.51
City Scottsbluff	State NE Zip Code 69355-9700	
Purpose of Disbursement Postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Shell Full Name (Last, First, Middle Initial) Mailing Address 3711 S Lincoln Ave City York State NE Zip Code 68467 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B5375641AFECB46F98E8 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 30.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Fedex Corporation Full Name (Last, First, Middle Initial) Mailing Address 942 South Shady Grove Road City Memphis State TN Zip Code 38120 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: BC94CAD9146344D6DA2E Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 7.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	--

C. Fedex Corporation Full Name (Last, First, Middle Initial) Mailing Address 942 South Shady Grove Road City Memphis State TN Zip Code 38120 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: BC3F9F9B93CAB46FA9B8 Date of Disbursement 10 / 18 / 2006 Amount of Each Disbursement this Period 11.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: B5BFC3E9965AE494998D Date of Disbursement 10 / 18 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 7.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Memphis State TN Zip Code 38120	Purpose of Disbursement Shipping Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Shell		Transaction ID: B4B97D8ABD01243FC9D4 Date of Disbursement 10 / 19 / 2006
Mailing Address 3711 S Lincoln Ave		Amount of Each Disbursement this Period 74.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City York State NE Zip Code 68467	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: BB5AA5EC4B2EF416CBE6 Date of Disbursement 10 / 19 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 166.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Scottsbluff State NE Zip Code 69355-9700	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1711 Frontage Rd</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: BE9ABBE5F66AA4D9FA83</p> <p>Date of Disbursement 10 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 11.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 101 2nd St</p> <p>City State Zip Code Scottsbluff NE 69355-9700</p> <p>Purpose of Disbursement Postage</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>Transaction ID: BFFDE6DDB2B2E4A7AA2D</p> <p>Date of Disbursement 10 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 111.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Citi Cards</p> <p>Full Name (Last, First, Middle Initial) Citi Cards</p> <p>Mailing Address PO Box 688903</p> <p>City State Zip Code Des Moines IA 50368-8903</p> <p>Purpose of Disbursement Credit Card Payment</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>Transaction ID: BD8DE582D0BE445CFB10</p> <p>Date of Disbursement 11 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 3760.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

SUBTOTAL of Disbursements This Page (optional) ►

3760.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Wal-Mart		Transaction ID: BCF51B5D0EEFD4E0A88A Date of Disbursement 10 / 22 / 2006	
Mailing Address 3322 Ave I		Amount of Each Disbursement this Period 24.49	
City Scottsbluff	State NE	Zip Code 69361	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B45B087579C1E49F197B Date of Disbursement 10 / 23 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 488.51	
City Scottsbluff	State NE	Zip Code 69355-9700	[MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: BC6EAE8A662664B54AAD Date of Disbursement 10 / 23 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 65.80	
City Scottsbluff	State NE	Zip Code 69355-9700	[MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B61805193CBB74032B74 Date of Disbursement 10 / 24 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 11.20	
City Scottsbluff	State NE	Zip Code 69355-9700	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B658CD69A39FA43A3907 Date of Disbursement 10 / 24 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 3.95	
City Scottsbluff	State NE	Zip Code 69355-9700	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Western Plains Business Solutions		Transaction ID: B6EC3A49E2E69447B906 Date of Disbursement 10 / 24 / 2006	
Mailing Address 1012 W 36th St		Amount of Each Disbursement this Period 396.72	
City Scottsbluff	State NE	Zip Code 69361	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Staples</p> <p>Mailing Address 1711 Frontage Rd</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: BEC1E43D6781F4A399A9</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.11"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Staples</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Staples</p> <p>Mailing Address 1711 Frontage Rd</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B8E431446B08F43278F7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.51"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial)</p> <p>United States Postal Service</p> <p>Mailing Address 101 2nd St</p> <p>City State Zip Code Scottsbluff NE 69355-9700</p> <p>Purpose of Disbursement Postage</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>Transaction ID: B3949AC77D22943CF89E</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="409.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: BF231F768E8314691845 Date of Disbursement 10 / 25 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 260.60
City State Zip Code Scottsbluff NE 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B27A64B5AD9334A07A12 Date of Disbursement 10 / 25 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 17.98
City State Zip Code Memphis TN 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: B2F30E31C9C524799BAE Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 9.23
City State Zip Code Memphis TN 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: B752F420338284D5A866 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 8.65
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B17D18E6B90174AFCB56 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 3.05
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: BAD67F6EC1ED54CAEAB5 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 11.44
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: B6F0C5AB0D000414AAA9 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 11.33
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B7B29A1CB27944B3DBD6 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 8.65
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: B52E10854694C4C8896F Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 20.24
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 101 2nd St</p> <p>City State Zip Code Scottsbluff NE 69355-9700</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: BF87EC181E704407CA07</p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 7.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p>B. Pump and Pantry</p> <p>Full Name (Last, First, Middle Initial) Pump and Pantry</p> <p>Mailing Address 1037 E South E St</p> <p>City State Zip Code Broken Bow NE 68822</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: BE003245626274D46AF9</p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 109.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p>C. Fedex Corporation</p> <p>Full Name (Last, First, Middle Initial) Fedex Corporation</p> <p>Mailing Address 942 South Shady Grove Road</p> <p>City State Zip Code Memphis TN 38120</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: B68913D77A85141CF8DC</p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 8.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ► **0.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: BC4851D348E724C22BBC Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 9.23
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: B40D42E05758F486DBC0 Date of Disbursement 10 / 26 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 18.77
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B1BEB8076C5BB47CC843 Date of Disbursement 10 / 27 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 50.55
City Scottsbluff State NE Zip Code 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: BFD4D5AEDB7BD443F8AE Date of Disbursement 10 / 27 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 15.34	
City Scottsbluff State NE Zip Code 69355-9700	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Amoco Oil		Transaction ID: B2A45A859E3AB42BE94D Date of Disbursement 10 / 27 / 2006	
Mailing Address E Highway 2 & Highway 83 N		Amount of Each Disbursement this Period 85.16	
City Thedford State NE Zip Code 69166	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: BC32B0DBC45D245B2ACA Date of Disbursement 10 / 30 / 2006	
Mailing Address 1711 Frontage Rd		Amount of Each Disbursement this Period 40.13	
City Scottsbluff State NE Zip Code 69361	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Wal-Mart		Transaction ID: B7EBCC67083AD4BB9A05 Date of Disbursement 10 / 30 / 2006	
Mailing Address 3322 Ave I		Amount of Each Disbursement this Period 76.46	
City Scottsbluff	State NE	Zip Code 69361	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B86B4AFF2F8024B38A60 Date of Disbursement 10 / 30 / 2006	
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 4.05	
City Scottsbluff	State NE	Zip Code 69355-9700	[MEMO ITEM]
Purpose of Disbursement Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. Pumpers		Transaction ID: B7E58D65133B540A5B57 Date of Disbursement 10 / 30 / 2006	
Mailing Address 1904 N Diers Ave		Amount of Each Disbursement this Period 23.00	
City Grand Island	State NE	Zip Code 68803	[MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Pumpers Full Name (Last, First, Middle Initial) Mailing Address 1904 N Diers Ave City Grand Island State NE Zip Code 68803 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BF07633FA487E46B3A54 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	---

B. Pumpers Full Name (Last, First, Middle Initial) Mailing Address 1904 N Diers Ave City Grand Island State NE Zip Code 68803 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B502FADD2D30849BDABD Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 1.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	--

C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address 101 2nd St City Scottsbluff State NE Zip Code 69355-9700 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: BC36BF9712F41476AA40 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 4.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

<p>A. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial) Adrian Smith for Congress</p>		<p>Transaction ID: BEECDB73CD88A4EB0B84</p> <p>Date of Disbursement 10 / 31 / 2006</p>
<p>Mailing Address 101 2nd St</p>		<p>Amount of Each Disbursement this Period 5.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City State Zip Code Scottsbluff NE 69355-9700</p>	<p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Universal Info Services</p> <p>Full Name (Last, First, Middle Initial) Universal Info Services</p>		<p>Transaction ID: B8FC8527215714D9C955</p> <p>Date of Disbursement 10 / 31 / 2006</p>
<p>Mailing Address 1623 Farnam St, Suite 600</p>		<p>Amount of Each Disbursement this Period 161.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City State Zip Code Omaha NE 68102</p>	<p>Purpose of Disbursement Clipping Service</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p>		<p>Transaction ID: BFA72F7A01F63432B955</p> <p>Date of Disbursement 11 / 01 / 2006</p>
<p>Mailing Address 101 2nd St</p>		<p>Amount of Each Disbursement this Period 10.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City State Zip Code Scottsbluff NE 69355-9700</p>	<p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B122E76BE6308437C96C Date of Disbursement 11 / 01 / 2006
Mailing Address 101 2nd St		Amount of Each Disbursement this Period 488.24
City State Zip Code Scottsbluff NE 69355-9700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: BAF37845ED59541E0858 Date of Disbursement 11 / 01 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 7.73
City State Zip Code Memphis TN 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: B559D411CB8054587A9E Date of Disbursement 11 / 01 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 6.70
City State Zip Code Memphis TN 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: BE4F4A252B2114F898D7 Date of Disbursement 11 / 01 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 10.78
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: BC9BD26D817BF4FA4967 Date of Disbursement 11 / 01 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 6.80
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: BDD265C8AEB0242E3A01 Date of Disbursement 11 / 01 / 2006
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 3.05
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

Full Name (Last, First, Middle Initial) A. Fedex Corporation		Transaction ID: B166C80137D9A4D47BDD Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 6.80
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fedex Corporation		Transaction ID: BEEB709763C5F46FAB56 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 8.39
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fedex Corporation		Transaction ID: B4AD4388BEF0B4DE0BE4 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 942 South Shady Grove Road		Amount of Each Disbursement this Period 3.05
City Memphis State TN Zip Code 38120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial)
Fedex Corporation

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: B8C8A93E0148A424CA7A
Date of Disbursement

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

Amount of Each Disbursement this Period
7.02

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

[MEMO ITEM]

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

Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: B129DD61B08214B058B5
Date of Disbursement

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

Amount of Each Disbursement this Period
7.02

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

250723.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) Robert Rust		Transaction ID: B35013E145BAD465BA9F Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 2600 Douglas Rd #604		Amount of Each Disbursement this Period 300.00
City Coral Gables State FL Zip Code 33134-6100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) John Brehmer		Transaction ID: BED1A80A185FA4E58ADF Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 201 Seabreeze Ct		Amount of Each Disbursement this Period 400.00
City Vero Beach State FL Zip Code 32963-9508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

700.00

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

700.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 134 / 137
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elliot Aviation Flight Services Inc.	Nature of Debt (Purpose): Flights November 1, 3, & 6
Mailing Address 3636 Wilbur Plaza	
City State ZIP Code Omaha NE 68110	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D6FBE0174AAD34C13A49	
Amount Incurred This Period 2134.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 2134.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Balloons By Flower	Nature of Debt (Purpose): Event Decorations
Mailing Address PO Box 13	
City State ZIP Code La Grange WY 82221	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DA3A526785062469CAA2	
Amount Incurred This Period 89.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 89.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rebecca Weber	Nature of Debt (Purpose): Salary Bonus
Mailing Address 1700 N Street Apt. 9	
City State ZIP Code Lincoln NE 68508	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D35C9CA0E17F14391AF0	
Amount Incurred This Period 2756.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 2756.95

1) SUBTOTALS This Period This Page (optional).....	▶	4981.18
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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)
 Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. James Dukesherer	Nature of Debt (Purpose): Salary Bonus
Mailing Address PO Box 281	
City State ZIP Code Bayard NE 69334-0281	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D0B9B1AB5B68D4F318C9	
Amount Incurred This Period 5513.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 5513.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Cody Siegfried	Nature of Debt (Purpose): Salary Bonus
Mailing Address 322 N Cherokee Rd	
City State ZIP Code McCook NE 69001	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DBD56B846BFA74AE5909	
Amount Incurred This Period 4411.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 4411.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Custer County Chief	Nature of Debt (Purpose):
Mailing Address P.O. Box 190 305 South 10th Avenue	
City State ZIP Code Broken Bow NE 68822	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D7DEA72CF77714BA384B	
Amount Incurred This Period 112.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 112.38

1) SUBTOTALS This Period This Page (optional).....	10037.40
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 136 / 137
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor North Platte Telegraph	Nature of Debt (Purpose): Advertisement
Mailing Address 621 N Chestnut St	
City State ZIP Code North Platte NE 69101	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: D8563301850DD451DB20	
Amount Incurred This Period <input type="text" value="1788.76"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1788.76"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamie T. Karl	Nature of Debt (Purpose): Salary Bonus
Mailing Address 108 Whitmar St.	
City State ZIP Code Dorchester NE 68343	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: DCAD4336B74514B00880	
Amount Incurred This Period <input type="text" value="5513.90"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5513.90"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rob Czaplewski	Nature of Debt (Purpose): Communication Consulting
Mailing Address 1003 N. Hancock Ave	
City State ZIP Code Grand Island NE 68803-3519	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: DC391EB1AB6FC4A39A37	
Amount Incurred This Period <input type="text" value="5000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="12302.66"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 137 / 137
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Adrian Smith for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kurt Arganbright	Nature of Debt (Purpose): Salary Bonus
Mailing Address PO Box 67	
City State ZIP Code Valentine NE 69201	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D96D31571D3D54C51904	
Amount Incurred This Period 5513.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 5513.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. M. Daniel Huber, II	Nature of Debt (Purpose): Salary Bonus
Mailing Address 2400 Blackstone Rd	
City State ZIP Code Gering NE 69341-2512	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DCF41E3138EB04D52B5A	
Amount Incurred This Period 7719.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 7719.46

1) SUBTOTALS This Period This Page (optional).....	13233.36
2) TOTALS This Period (last page this line number only).....	40554.60
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	