

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Mark Smith for Congress			
ADDRESS (number and street) 1125 Pinefield Dr			
CITY Charleston	STATE SC	ZIP CODE 29492-7619	
2. NAME OF CANDIDATE Smith, Mark, M, ,		3. OFFICE SOUGHT (State and District) House SC 01	
4. FEC IDENTIFICATION NUMBER C00915991			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Criss, Henry, , ,		Name of Employer Fraum Health	
MAILING ADDRESS 27 Ivory Elm Stroll		Date (month, day, year) 06/10/2026	
CITY Bluffton		STATE SC	
STATE SC		ZIP CODE 29910-6447	
		Transaction ID : 6612E26929A424398	
		Occupation Healthcare Executive	
B. FULL NAME Mynatt, Joshua, , ,		Name of Employer SC Healthy Alternatives Association	
MAILING ADDRESS 1200 Woodruff Rd Ste B9		Date (month, day, year) 06/10/2026	
CITY Greenville		STATE SC	
		ZIP CODE 29607-5733	
		Transaction ID : 6335BD63268744B47	
		Occupation President	
C. FULL NAME		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	
		ZIP CODE	
		Occupation	
D. FULL NAME		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	
		ZIP CODE	
		Occupation	
E. FULL NAME		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	
		ZIP CODE	
		Occupation	
SIGNATURE (optional) Martin, Steve, , ,		DATE 06/11/2026	
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov			

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