

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

MARK SMITH FOR CONGRESS

ADDRESS (number and street) 1125 PINEFIELD DR

Check if different than previously reported. (ACC)

CHARLESTON

SC

29492-7619

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00915991

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

STATE ▼ DISTRICT  
SC 01

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 06 / 23 / 2026 in the State of SC

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

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period 05 / 21 / 2026 through 06 / 03 / 2026

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 MARTIN, STEVE, , ,

Signature of Treasurer MARTIN, STEVE, , ,

Date 06 / 11 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**MARK SMITH FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 21 / 2026 To: M M / D D / Y Y Y Y 06 / 03 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	27400.00	478085.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	27400.00	476585.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	14664.90	551650.91
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	26.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	14664.90	551624.67
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	224760.33	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	300000.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**MARK SMITH FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23900.00	419050.00
(ii) Unitemized.....	1000.00	13035.00
(iii) TOTAL of contributions from individuals ▶	24900.00	432085.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	46000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27400.00	478085.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	300000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	300000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	26.24
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	27400.00	778111.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14664.90	551650.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS .....	0.00	200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	14664.90	553350.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	212025.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	27400.00
25. SUBTOTAL (add Line 23 and Line 24).....	239425.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14664.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	224760.33

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3N  
Transaction ID :

PLEASE NOTE: THE COMMITTEE HAS DEMONSTRATED THE NECESSARY STEPS TO ESTABLISH BEST EFFORTS TO OBTAIN AND DISCLOSE THE FULL IDENTIFICATION OF ALL INDIVIDUALS WHO CONTRIBUTE IN EXCESS OF \$200 IN A CALENDAR YEAR. THESE EFFORTS INCLUDE A CLEAR REQUEST WITH THE ORIGINAL SOLICITATION, FOLLOWED BY A REQUEST FOR MISSING INFORMATION LETTER WITHIN 30 DAYS, WHICH CLEARLY ASKS FOR THE MISSING INFORMATION WITHOUT SOLICITING A CONTRIBUTION. IN ADDITION, THE LETTER READS: FEDERAL LAW REQUIRES US TO MAKE OUR BEST EFFORTS TO COLLECT AND REPORT THE NAME, MAILING ADDRESS, OCCUPATION AND NAME OF EMPLOYER OF ALL INDIVIDUALS WHO CONTRIBUTE IN EXCESS OF \$200 IN A CALENDAR YEAR. WE THEN ENCLOSE A SELF-ADDRESSED ENVELOPE AND INCLUDE A TELEPHONE NUMBER TO REACH THE COMMITTEE WITH ANY QUESTIONS. A SECOND REQUEST FOR MISSING INFORMATION LETTER IS SENT IF WE DO NOT RECEIVE THE INFORMATION IN A TIMELY MANNER. IN THE EVENT THAT WE RECEIVE ADDITIONAL INFORMATION FROM CONTRIBUTORS WHOSE INFORMATION WAS NOT ORIGINALLY DISCLOSED, WE WILL AMEND THE APPROPRIATE REPORT TO REFLECT THE ADDITIONAL DISCLOSURES PROPERLY.

Form/Schedule:  
Transaction ID:

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 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)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BACON, JEREMIAH, M, , III

Mailing Address 109 COOKE ST

City DANIEL ISLAND State SC Zip Code 29492-7545

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : A55DFC681FFB046C9BE5

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BEATTY, MARY, , ,

Mailing Address 2 WOOD EDEN LN

City BLUFFTON State SC Zip Code 29910-5727

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : A67B27CD8E9734845A84

Amount of Each Receipt this Period  
1300.00

Memo Item  
IN-KIND:IN KIND: EVENT SUPPLIES

**C.** Full Name (Last, First, Middle Initial)  
BETHEA, JAMES, FRANK, ,

Mailing Address 11 WATERWAY ISLAND DR

City ISLE OF PALMS State SC Zip Code 29451-2728

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : AEE3D26B6F3EC44C8918

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BOAN, DANIEL, , ,

Mailing Address 1520 MAIN ST  
UNIT 2B

City COLUMBIA State SC Zip Code 29201-5816

FEC ID number of contributing federal political committee. C

Name of Employer CORNERSTONE GOVERNMENT AFFAIRS Occupation LOBBYIST

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : A204FDA26BB3E419992E

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BRITT, J., STEPHEN, ,

Mailing Address 1403 WANDO VIEW ST

City DANIEL ISLAND State SC Zip Code 29492-8489

FEC ID number of contributing federal political committee. C

Name of Employer GC AI ASSOC Occupation OWNER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2026

Transaction ID : A0EC6098BADE84DC2B97

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CANOVA, BONNIE, , ,

Mailing Address INFORMATION REQUESTED

City N/A State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : A9710269533E048498D7

Amount of Each Receipt this Period  
1000.00

Memo Item  
IN-KIND:IN KIND: EVENT SUPPLIES

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 8 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
FORASTIERE, LILA, , ,

Mailing Address 1800 S OCEAN BLVD  
1410

City POMPANO BEACH State FL Zip Code 33062-7902

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2026

Transaction ID : A41FA39A4C06B44B5BF1

Amount of Each Receipt this Period  
3000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
FORASTIERE, LOREN, , ,

Mailing Address 153 ROBIN RIDGE DR

City FEEDING HILLS State MA Zip Code 01030-1213

FEC ID number of contributing federal political committee. C

Name of Employer FORASTIERE FAMILY FUNERAL & CREMATI Occupation FUNERAL SERVICE

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2026

Transaction ID : A8BA1D32A427B4287BA5

Amount of Each Receipt this Period  
3500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
GLASSON, KENNETH, , ,

Mailing Address 3 MOUNT GRACE

City BEAUFORT State SC Zip Code 29906-9196

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation RETIRED MARINE

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : AFE3116C66A2040D28CA

Amount of Each Receipt this Period  
1000.00

Memo Item  
IN-KIND:IN KIND: EVENT SUPPLIES

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

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

7500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
HERRING, WILLIAM, H, ,

Mailing Address 852 LOWCOUNTRY BLVD  
UNIT 100A

City MT PLEASANT State SC Zip Code 29464-3067

FEC ID number of contributing federal political committee. C

Name of Employer HUNTING QUINN HOMES Occupation PRESIDENT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼ RUNOFF

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2026

Transaction ID : A088452BB28FE4485B6A

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HERRING, WILLIAM, H, ,

Mailing Address 852 LOWCOUNTRY BLVD  
UNIT 100A

City MT PLEASANT State SC Zip Code 29464-3067

FEC ID number of contributing federal political committee. C

Name of Employer HUNTING QUINN HOMES Occupation PRESIDENT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2026

Transaction ID : A4897A6F0D41540FDAE4

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
LI, XIAODAN, , ,

Mailing Address 512 COLONIAL DR

City HILTON HEAD ISLAND State SC Zip Code 29926-2395

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2026

Transaction ID : AD769992F0ED64F6EAD9

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
LOCKWOOD, SCOTT, , ,

Mailing Address 222 TRILLIUM CT

City SANTEE State SC Zip Code 29142-8882

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation HEALTH CARE

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 03 / 2026

Transaction ID : A89038E91B63F4E7FA4B

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
LOWE, PHILLIP, D, ,

Mailing Address 507 W CHEVES ST

City FLORENCE State SC Zip Code 29501-4449

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2026

Transaction ID : AC1D18091FE73404886E

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
MUELLER, WILLIAM, , ,

Mailing Address 716 OTIS BLVD

City SPARTANBURG State SC Zip Code 29302-2116

FEC ID number of contributing federal political committee. C

Name of Employer MINDSET Occupation CONSULTANT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 28 / 2026

Transaction ID : ACAB3B10183C34152897

Amount of Each Receipt this Period  
500.00

Memo Item

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
OSULLIVAN, ARLENE, E, ,

Mailing Address 1551 BEN SAWYER BLVD

City MT PLEASANT State SC Zip Code 29464

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2026

Transaction ID : A3269F578A04C4FED9B9

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
PACE, STEVEN, , ,

Mailing Address 25 ORIOLE DR

City ANDOVER State MA Zip Code 01810-3408

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2026

Transaction ID : A57EE1EE756F54D629C9

Amount of Each Receipt this Period  
3500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
TODD, J., RICHARDS, ,

Mailing Address 2424 HEYWARD ST

City COLUMBIA State SC Zip Code 29205-3106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2026

Transaction ID : A87C12A6831FF4EAFB1F

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4100.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 21  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
WOOD, TARA, , ,

Mailing Address 182 LONSBOROUGH ST

City MOUNT PLEASANT State SC Zip Code 29464

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 03 / 2026

Transaction ID : AAA3D8C5DEBFE42FD8EC

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23900.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 21	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address **800 TENTH STREET, NW  
TWO CITYCENTER, SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20001-4956**

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2026**

**Transaction ID : A167B4B0E59724BD5B32**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

**2500.00**

**2500.00**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement E-MERCHANT FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 64.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B439E9EC91CFC4176BFA
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement E-MERCHANT FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 212.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC2B3DE85AB1146AAAA7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BEATTY, MARY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 2 WOOD EDEN LN		FEC Identification Number C
City BLUFFTON	State SC	Zip Code 29910-5727
Purpose of Disbursement IN-KIND:IN KIND: EVENT SUPPLIES	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B67B27CD8E9734845A84
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1577.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BILL.COM</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2026
Mailing Address 6220 AMERICA CENTER DR STE. 100		FEC Identification Number C
City ALVISO	State CA	Zip Code 95002-2563
Purpose of Disbursement SOFTWARE FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 25.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B748A9551CA2B4FF6B6C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CANNON, LINDA, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2026
Mailing Address 3 LONG CANE CT		FEC Identification Number C
City OKATIE	State SC	Zip Code 29909-7113
Purpose of Disbursement GRASSROOTS CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B564D848DBA4541398E7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CANOVA, BONNIE, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2026
Mailing Address INFORMATION REQUESTED		FEC Identification Number C
City N/A	State	Zip Code
Purpose of Disbursement IN-KIND:IN KIND: EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9710269533E048498D7
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2025.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CFS COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2026
Mailing Address PO BOX 30844		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20824-0844
Purpose of Disbursement E-MERCHANT FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 7.88	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB40947C893BF438F8C9
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CFS COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2026
Mailing Address PO BOX 30844		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20824-0844
Purpose of Disbursement E-MERCHANT FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 26.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B553EA8B4A46F42D8E7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GLASSON, KENNETH, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2026
Mailing Address 3 MOUNT GRACE		FEC Identification Number C
City BEAUFORT	State SC	Zip Code 29906-9196
Purpose of Disbursement IN-KIND:IN KIND: EVENT SUPPLIES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BFE3116C66A2040D28CA
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1034.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GUSTO</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2026
Mailing Address 1 PENNSYLVANIA PLAZA		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10119
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1665.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B2967D6D80A81462589D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GUSTO</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2026
Mailing Address 1 PENNSYLVANIA PLAZA		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10119
Purpose of Disbursement SEE MEMO ITEMS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4434.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B4C84AE187ED04205AC1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. JONES, ALEXA, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2026
Mailing Address 1225 BLAKEWAY ST UNIT 1806		FEC Identification Number C
City DANIEL ISLAND	State SC	Zip Code 29492-8427
Purpose of Disbursement PAYROLL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2272.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB5A11B2C0C464C0B9FE
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6100.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NELSON, DAWLTON, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2026
Mailing Address 2006 WHITE IBIS CT		FEC Identification Number C
City HANAHAN	State SC	Zip Code 29410
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2162.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3D18400487AA48D0A48
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GUSTO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026
Mailing Address 1 PENNSYLVANIA PLAZA		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10119
Purpose of Disbursement PAYROLL SERVICE CHARGE - FEE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 66.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BCDD9FFCB1885466D9D4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. I360</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 2300 CLARENDON BLVD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22201-3366
Purpose of Disbursement SUBSCRIPTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B671A644B83A6404C92A
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1816.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**MARK SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. I360</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2026		
Mailing Address 2300 CLARENDON BLVD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22201-3366	Amount of Each Disbursement this Period 850.00		
Purpose of Disbursement SUBSCRIPTION FEES		Category/ Type 001	Transaction ID : BD711B8B559A0480B869		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. I360</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2026		
Mailing Address 2300 CLARENDON BLVD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22201-3366	Amount of Each Disbursement this Period 217.89		
Purpose of Disbursement SUBSCRIPTION FEES		Category/ Type 001	Transaction ID : B905778578DCC43919BB		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. NEW REALM BREWING</b>			Date of Disbursement MM / DD / YYYY 05 / 28 / 2026		
Mailing Address 912 S MAIN ST			FEC Identification Number C		
City GREENVILLE	State SC	Zip Code 29601-3333	Amount of Each Disbursement this Period 1042.88		
Purpose of Disbursement CATERING EXPENSE		Category/ Type 003	Transaction ID : BF6CA3F89408D45E4BF2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2110.77
<b>TOTAL</b> This Period (last page this line number only).....▶	14664.90

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MARK SMITH FOR CONGRESS** Transaction ID : **CCE6E70E6E53F49B6A9B**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>SMITH, MARK, M, ,</b>		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1125 PINEFIELD DR		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City CHARLESTON	State SC	

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 08 / 2025	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **MARK SMITH FOR CONGRESS** Transaction ID : **C4CFF1D0C0DC24426B6C**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
SMITH, MARK, M, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1125 PINEFIELD DR		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City CHARLESTON	State SC	ZIP Code 29492-7619
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 11 / 2025	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	300000.00

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