

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Grace Crampsie Smith</i>																								
STREET ADDRESS <i>1403 Lorain Ave.</i>																								
CITY <i>Bethlehem</i>			STATE <i>PA</i>	ZIP CODE <i>18618</i>																				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																			
6TH TUESDAY PRE-PRIMARY 1.		<i>Bethlehem City Council</i>			<i>Dem.</i>																			
2ND FRIDAY PRE-PRIMARY 2.		DATES OF REPORTING PERIOD		DATE OF ELECTION																				
30 DAY POST-PRIMARY 3.		<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>6</td><td>11</td><td>19</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>21</td><td>19</td></tr> </table>		MO.	DAY	YEAR	6	11	19	MO.	DAY	YEAR	10	21	19	<table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>5</td><td>2019</td></tr> </table>			MO.	DAY	YEAR	11	5	2019
MO.	DAY	YEAR																						
6	11	19																						
MO.	DAY	YEAR																						
10	21	19																						
MO.	DAY	YEAR																						
11	5	2019																						
6TH TUESDAY PRE-ELECTION 4.		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>3201.80</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1,000.00</u>																						
2ND FRIDAY PRE-ELECTION 5. <input checked="" type="checkbox"/>																								
30 DAY POST-ELECTION 6.																								
ANNUAL REPORT 7.																								
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>																		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>																		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributor, Lobbyist, the Lobbyist must sign here.

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Grace (rampsie Smith)				Outstanding Balance of Debt	
House #	1463	Street Address	Lorain Av.		DATE DEBT INCURRED [MM/DD/YYYY]	\$	\$1,000.00
City		Bethlehem	State	PA	11/9/2019		
Description of Debt		Campaign loan					

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State				
Description of Debt							

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

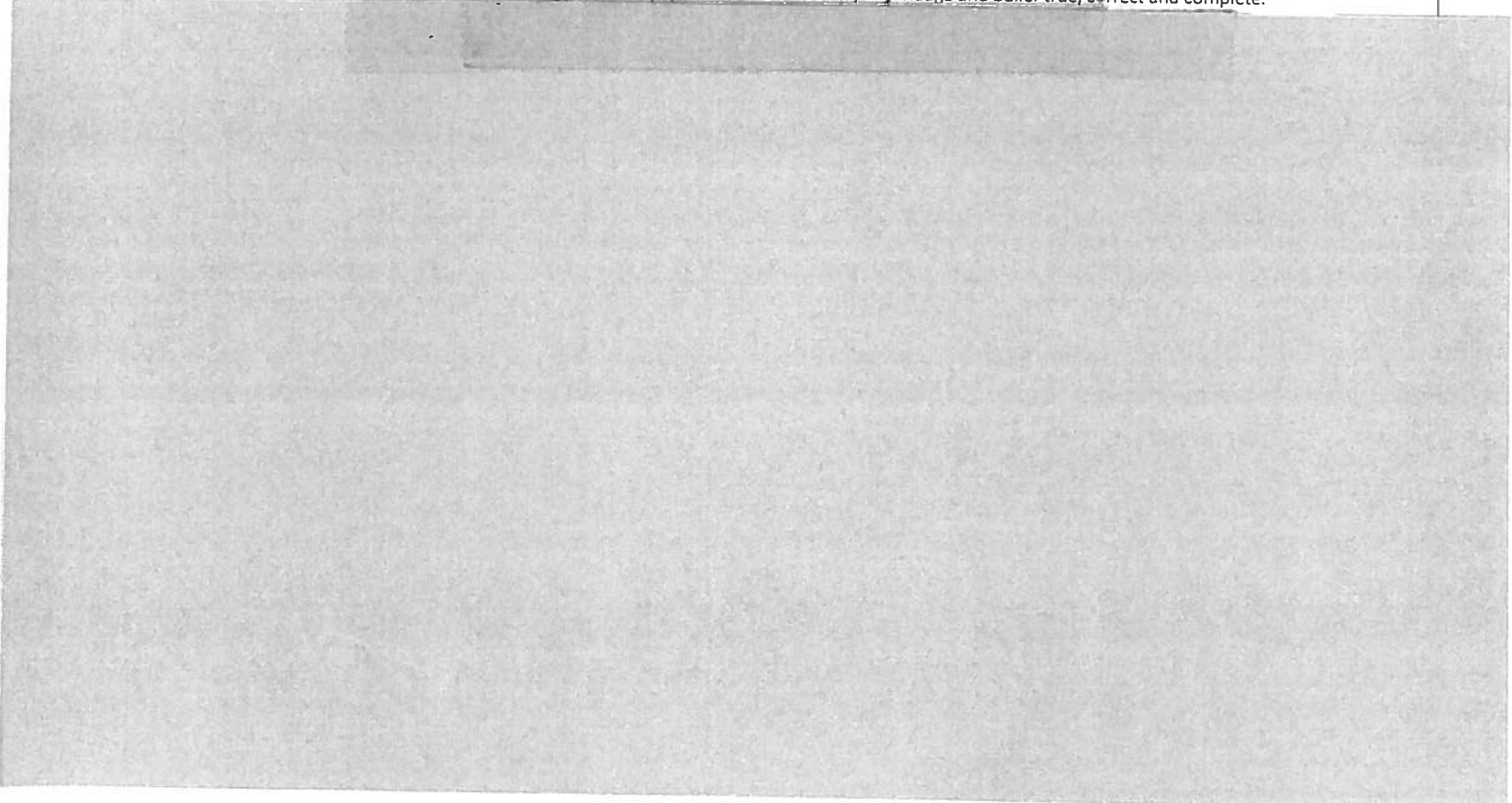
Filer Identification Number Name of Filing Committee, Candidate or Lobbyist Street Address City State Zip Code	Report Filed By (Mark X) Candidate Committee Lobbyist	Friends of Grace Crampsie Smith 1403 Locain Ave. Bethlehem PA 18018
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Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/11/19	10/21/19	
A. Amount Brought Forward From Last Report	\$	3551.80	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	3551.80	
D. Total Expenditures (From Schedule III)	\$	350.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3201.80	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,000.00	

Affidavit Section
 Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.



SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		Bev's Auto Tags			Date [MM/DD/YYYY]	\$	20.00
House #	Street Address	29 10 Easton Ave. Unit 4			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code			
To Whom Paid		Wix. Com, Inc.			Date [MM/DD/YYYY]	\$	14.50
House #	Street Address	West 27th St.			Description of Expenditure		
City	New York	State	NY	Zip Code	Website		
To Whom Paid		Wix Com Inc.			Date [MM/DD/YYYY]	\$	14.50
House #	Street Address	West 27th St.			Description of Expenditure		
City	New York	State	NY	Zip Code	Website		
To Whom Paid		Wix.com Inc.			Date [MM/DD/YYYY]	\$	17.00
House #	Street Address	West 27th St.			Description of Expenditure		
City	New York	State	NY	Zip Code	Website		
To Whom Paid		Wix.com Inc.			Date [MM/DD/YYYY]	\$	17.00
House #	Street Address	West 27th St.			Description of Expenditure		
City	New York	State	NY	Zip Code	Website		
To Whom Paid		Your Mother			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address	Dodson St.			Description of Expenditure		
City	Fountain Hill	State	PA	Zip Code	18015 Campaign event - Lehigh Valley		
To Whom Paid		Eventbrite Bethlehem City Democratic Committee			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address	P.O. Box 1792			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016 Ad for Golf Tournament		
To Whom Paid		McClattery for Superior Court			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address	P.O. Box 472			Description of Expenditure		
City	Bensalem	State	PA	Zip Code	19020 Campaign Contribution/Event		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		<i>Wix.com Inc</i>			Date [MM/DD/YYYY]	\$	
House #	<i>40</i>	Street Address	<i>West 27th St.</i>		<i>10/12/17</i>		<i>17.00</i>
City	<i>New York</i>		State	<i>NY</i>	Zip Code	<i>website</i>	

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Grace Trampsie Smith				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	\$ 1,000.00
1403	Lorain Ave.	02/19/2019		PA 800			
City		State	Zip Code				
Bethlehem		PA	800				
Description of Debt							
Campaign loan							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		Zip Code		\$	
City		State	Zip Code				
Description of Debt							