CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER					REPORT FILED ON BEHALF OF	CANDIDATE	1	COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMIT	TEE, CANDIDATE	OR LOBBYIST	Campsin	Smit		<u> </u>	rs	<u> </u>			<u> </u>
STREET ADDRESS	1403	Lora	campsize in Ave.	- // ((/	,,						
CITY B-C	th lehe				STATE		ZIP CO	DE 186	1 F-		
6TH TUESDAY	' l		on City (DISTRICT NO.	Den.		MO.	DAY	LECTION YEAR	
PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY	Ì	DATES OF REPORTING PERIOD	MO. DAY	(EAR 19 TO	MO. DAY YEAR	,		FOR C	FFICE U	SE ONLY	
30 DAY POST-PRIMARY			ANCE AT END		s 3201.	PX					
6TH TUESDAY PRE-ELECTION		TOTAL AM	TING PERIOD: DUNT OF FILE		<u> </u>						
2ND FRIDAY PRE-ELECTION		OUTSTAND AT THE EN	ING DEBTS OF D OF REPORTI	LIABILITIE NG PERIOI	s: s <u>/, 000</u>	.00					
30 DAY POST-ELECTION			AMENDMENT REPORT?	YES	NO X						
ANNUAL REPORT			TERMINATION REPORT?	YES	NO X						
	建性療法			AFFIDA	AVIT SECTION	The State					

PARTI-

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 Contribution Lebbyist, the boyist 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.

	ditor Grace C	campling Jonith		Outstanding Balance of Deb
House #	Street Address	in Aur.	DATE DEBT INCURRED [MM/DD/YYYY] 2 /1 9 /2 019	\$ 41,000.00
City	Bethleh	Ctata	7 Zip PUIS	1ge-
Description of	of Debt (a ~	gracin loan		
Name of Cre	ditor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	seal fo	State	Zip Code	
Description o	of Debt			
Name of Cred	ditor			Outstanding Balance of Debi
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	3 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	State	Zip Code	**
Description o				
Name of Cred	litor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	4 3 8	State	Zip	-
Description o	f Debt		Code	
Name of Cred	litor			Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of	F Dobt	State	Zip Code	22
sescribtion 0	Dent			
lame of Cred	itor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
10030 11	17.000037. 200 11.			

Reset	Form	
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Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer Identification		(NOTE: 11					ould be typed			
Number	n			ort Filed I	By Candida	ate	Committee		Lobbyist	
Name of Filing Co	manista a Ca		(Ma	rk X)						
Lobbyist	immittee, Ca	indidate or		F	-1 1		(. (. / .		
Street Address				110	14) 01	01910	camp	110 Jmith		
				1403	2000	in Av	۲.	sie Smith		
City	Be	thlehem			State	PA	Zip Code	18018		
Type of Report (Pi								70070		
	!- 2 nd Friday				5- 2 nd Friday	6- 30 Day Pos	t 7- Annual	Special 2 nd Friday	Special 30 Da	ay
Pre-Primary P	re-Primary	Primary	Pre- E	lection	Pre- Election	Election		Pre-Election	Post-Election	n
			T							
			L							
Date Of Election		, ,	Year			Amendment		Termination		
(MM/DD/YYYY)		11/05/2019	20	19		Report		Report		
Summary of Recei	ipts and	From Date		To Date			For	Office Use Only		
Expenditures				ļ,				o mod osc omy		
		6/11/19		10/2	1/19					
A. Amount Brough	nt Forward F	rom Last Report	\$	35	51.80					
B. Total Monetary	Contributio	ns and Receipts	\$		7.0					
(From Schedule I)		•	'	- 8	_					
C. Total Funds Ava	ilable		\$	_						
(Sum of Lines A an	nd B)		1	353	1.80					
D. Total Expenditu			\$	2	50.00					
(From Schedule III				- رـــ	70.60					
E. Ending Cash Bal			\$	21	01.80					
(Subtract Line D fr	,)2	07.00					
F. Value of In-Kind		ns Received	\$		5					
(From Schedule II)					<i>U</i>					
G. Unpaid Debts a	_	ns	\$	1.01	20.00					
(From Schedule IV	1			******	ma 3					
Part 1 If this is a Cam	itt	on behalf of	27 13/	157.0ml 1	Affidavit Se	ction	. الله على .	4.7		
Part 1- If this is a Con	at this report	i, treasurer sign de	re. Hitt	is a Can	didate report, ca	ndidate sign here				
. sacon tor armini the	at ans report,	merannig trie attac	neu sc	reunies or	haber, is to the	pest of my knowle	edge and belief to	ue, correct and comple	te.	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	-	
The recitation residue;		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
, , , , , , , , , , , , , , , , , , ,		
Total for the reporting period (1)	\$	
Total for the reporting period (1)	2	0
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)		
	_	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Double)	<u> </u>	
All Other Contributions (Part B)	\$	4
Total Control of the	1	6
Total for the reporting period (2)	\$	6
		U
3. Contributions Over \$250.00 (From Part C and Part D)		A
		<i>Ĉ</i>
Contributions Received from Political Committees (Part C)	\$	
		C
All Other Contributions (Part D)	\$	/
Total for the reporting period (3)	\$	<u> </u>
		\mathcal{C}
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		4
•		\mathcal{O}
Total for the reporting period (4)	\$	Δ.
	-	0
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	>
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		
Cover Page, Item B)		

SCHEDULE III

	Statement of	Expenditures
Filer Identification Number:		

To Whom Paid	l n	. 1 :			Date [MM/DD/YYYY]	ė
	Bev.	s Acto 7	rage		06/17/2019	20.00
House #	Street Address	29 10 Easton	Ave	Caty	Description of Expenditu	0 4 7 50
City Bet	hehem	State PA	Zip Code		Notary J	
To Whom Paid						er ores
		Com, Inc			Date [MM/DD/YYYY] !	14,50
House # 46	Street Address	West 274	1 St.		Description of Expenditur	
City	a York	State NY	Zip Code		Website	
To Whom Paid					Date [MM/DD/WWV]	<u> </u>
er med er	<u> </u>	Wix Com I	<u>^.</u> C.		Date [MM/DD/YYYY] :	14.50
House # 40		West 27-	4 St.		Description of Expenditur	e
	lew york	State NY	Zip Code		we65	ite
To Whom Paid					Date [MM/DD/YYYY] 5	3
	Wixa	com Inc.			68/22/1119	17-66
House # 46	Street Address	West 27to	LSt.		Description of Expenditur	e
City New	. Gork	State N 9	Zip Code		Websit	e
To Whom Paid		<u> </u>			Date [MM/DD/VVVI] d	·
	Wix.	com In	5		Date [MM/DD/YYYY] \$	17.00
House # 40	Street Address	West 27th	S+.		Description of Expenditure	e
City	ien yor L	State NY	Zip Code		, , , , ,	
T-110 - 5 11		1 /0 /		1	Wrbsite	
To Whom Paid		10			Website	,
		10			Date [MM/DD/YYYY] \$	
		10				15666
House # FO2	Street Address	Mother Podson St. State PA	Zip Code	18015	Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure	15666
House # Fall City Fount	Street Address 4	Mother Podson St. State PA	Zip Code	18015	Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Ampaign evi	15666
House # Fall City Founta	Street Address A ain Hill Evientbe	Mother Podson St. State PA	Zip Code		Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Ampaga eV) Date [MM/DD/YYYY] \$	15666 At Lehighton
House # Fall City Fount	Street Address Amain Hill Evientho	Mother Podson St. State PA site Bethlehen	Zip Code		Date [MM/DD/YYYY] S 09/26/2019 Description of Expenditure (Ampaign evi	15660 15660 The Lehightons 3060
House # FO2 City Founta To Whom Paid House #	Street Address Amain Hill Evientho	Mother Podson St. State PA site Pethlehen	Zip Code		Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Amp Cing a eVi) Date [MM/DD/YYYY] \$ /6/61/26/9 Description of Expenditure	15666 ent. Lehighlowns 3060
House # FO2 City Founta To Whom Paid House #	Street Address Evien + book Street Address Lehen	Mother Podson St. State PA ite Bethlehen 6.Box 1790 State PA	Zip Code	Permocratic ummitte 18016	Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Amparaga eV) Date [MM/DD/YYYY] \$ 16/61/26/9 Description of Expenditure	15660 15660 The Lehightons 3060
House # FOJ City Fount To Whom Paid City Beth To Whom Paid	Street Address Evienth Street Address A Chem Mc(affe	Mother Podson St. State PA site Bethlehen	Zip Code	Permocratic ummitte 18016	Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Amp Cing a eVi) Date [MM/DD/YYYY] \$ /6/61/26/9 Description of Expenditure	15666 ent. Lehighlowns 3060
House # FOD City Founta To Whom Paid House # City Bethi To Whom Paid	Street Address Lin Hill Lin Hill Street Address Chem Mc (a ffe	Mother Podson St. State PA site Bethlehen OBOX 1790 State PA Ty for Sup	Zip Code	Permocratic ummitte 18016	Date [MM/DD/YYYY] \$ O9/26/2019 Description of Expenditure (Amparg n evi Date [MM/DD/YYYY] \$ /6/61/26/9 Description of Expenditure Ad for 60/f Date [MM/DD/YYYY] \$	15666 Tournament 56.66
House # FOJ City Fount To Whom Paid City Beth To Whom Paid	Street Address Evien + be Street Address Chem Mc (c ffeet Address) Street Address M. (c ffeet Address)	Mother Podson St. State PA ite Bethlehen 6.Box 1790 State PA	Zip Code	Permocratic ummitte 18016	Date [MM/DD/YYYY] \$ 09/26/2019 Description of Expenditure (Amparaga eV) Date [MM/DD/YYYY] \$ 16/61/26/9 Description of Expenditure Ad for Colf Date [MM/DD/YYYY] \$ 16/17/26/9 Description of Expenditure	15666 Tournament 56.66

Statement of Expenditures

er Identification Number:	

To Whom Paid		* V- W		Date [MM/DD/YYYY] \$
	(111)	Can True		
House #	Street Address	1 CM ZIE		16/2017 17.00
40	Street Address	Com Inc West 274	J 57.	Description of Expenditure
City	UV	State N'	Zip	
100	e York	N'S	Code	uebs, te
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
		State	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
				32,000,000
House #	Street Address			Description of Expenditure
	5-10-10-10-10-10-10-10-10-10-10-10-10-10-			and the second second second
City		State	Zip	
T-10/1- 0 11		- 1244	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
2.1		1.11	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
C'i	1 42			
City		State	Zip	
To Whom Paid			Code	
TO WHOM Paid				Date [MM/DD/YYYY] \$
D				
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	
	-	State	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	kil G			773
House #	Street Address			Description of Expenditure
direction.				esservation of expenditure
City		State	Zip	
		1.73	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.

Name of Creditor Grace Gamesie Smith				th			Outstanding Balance of Deb		
House # Street Add		ress Lorain Ave.			MM/DD/		\$	(1) K. (1)	
City	B	ethlehen	State	PA	Zip Code	\$615		\$ 1,000.66	
Description of De	ebt	ethlehen Cumpaign	1000	1_/ (/		70 000	100,000		
Name of Credito	r 1983-199.		7 001.1				Out	standing Balance of Debi	
House #	Street Addre	ss		100 000	E DEBT IN	0	\$		
ity			State		Zip				
escription of De	ebt		2566		Code	72 35			
lame of Creditor							Out	etanding Palanca of D. L.	
louse #	Street Addre			DATI	DERT IN	CHRRED	10 mg 1/4 ft. 5	standing Balance of Debt	
	Street Addre	55			DEBT IN		\$		
ity			State		Zip Code				
escription of De	bt								
lame of Creditor							Outs	tanding Balance of Debt	
ouse #	Street Addres	s			DEBT IN		\$		
ity			State		Zip Code				
escription of De	bt and an						2011		
ame of Creditor	777				<u></u> -		Outs	tanding Balance of Debt	
ouse#	Street Addres	s			DEBT INC		\$	- 1455 241-95 We 1 hr. 147	
ity			State		Zip Code				
escription of Del	bt								
ame of Creditor	A. W. 250.						Outs	tanding Balance of Debt	
ouse#	Street Addres	5		The second secon	DEBT INC		\$		
ty			State		Zip				
escription of Del	+5874V.**		113-27-749		Code		37.		