

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Campsie Smith							
Street Address		1463 Lorain Ave							
City	Bethlehem	State	PA	Zip Code	18018				

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election MM/DD/YYYY		Year		Amendment Report		Termination Report		
		2022						

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	01/01/2022	12/31/2022	
B. Total Monetary Contributions and Receipts From Schedule I)			\$ 10,081.49
C. Total Funds Available Sum of Lines A and B)			\$ 10,081.49
D. Total Expenditures From Schedule III)			\$ 800.00
E. Ending Cash Balance Subtract Line D from Line C)			\$ 9281.49
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.
 Given and subscribed before me this _____ day of _____, 2022.

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		NAAACP of Bethlehem			Date [MM/DD/YYYY]	\$	50.00
House #	627	Street Address	Cherokee St.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18105	Banquet Ad	

To Whom Paid		Susan Wild for Congress			Date [MM/DD/YYYY]	\$	50.00
House #	504	Street Address	Hamilton St.		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101	Campaign Fundraiser	

To Whom Paid		USW Dinner Dance/Banquet			Date [MM/DD/YYYY]	\$	200.00
House #	53	Street Address	E Lehigh St.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Banquet Ad	

To Whom Paid		Susan Wild for Congress			Date [MM/DD/YYYY]	\$	100.00
House #	504	Street Address	Hamilton St.		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101	Campaign Fundraiser	

To Whom Paid		PA Federation of Dem. Women			Date [MM/DD/YYYY]	\$	400.00
House #	127	Street Address	R Bates Patch Rd.		Description of Expenditure		
City	Greenwich Twpship	State	PA	Zip Code	18407	Banquet Tickets	

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: _____

Name of Creditor		Grace Grampsie Smith				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1403	Lorain Ave.					1,000.00	
City		State	Zip Code				
Bethlehem		PA	18018				
Description of Debt							
Campaign loan							

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

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

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

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

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