

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 <input checked="" type="checkbox"/>	Committee <input type="checkbox"/>	Lobbyist <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Grace Smith, <i>Grace Crampsie Smith</i>		
Street Address		1403 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		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	6/10/2025	12/31/2025
A. Amount Brought Forward From Last Report	\$	7746.01
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	7746.01
D. Total Expenditures (From Schedule III)	\$	1114.60
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6631.41
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

Affidavit Section

Part I- 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.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting report

Grace Crampsie Smith
Printed Name

610
Area Code

584-1857
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

Signature of Candidate

Grace Crampsie Smith
Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

610
Area Code

584-1857
Daytime Telephone Number

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) \$

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)

\$ 0



Pennsylvania Department of State


Bureau of Campaign Finance & Civic Engagement

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.


Signature of Treasurer, Candidate, or Lobbyist

1/22/2026
Date (MM/DD/YYYY)

Graig Crampire Smith

Printed Name

Beulah PA USA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bld Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Pamela A. Briody

Printed Name

1/22/26
Date (MM/DD/YYYY)

Bethlehem/PA/USA
Location (City/State/Country)



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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Reporting Cycle Name				
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Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Grace Campbell Smith

Printed Name

1/22/2026
Date (MM/DD/YYYY)

Pittsburgh/PA/USA
Location (City/State/Country)

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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Grace Smith - Friends of Grace Campbell Smith						
Street Address	1403 Lorain Ave		State	PA	Zip Code	18018	
City	Bethlehem						

Type of Report (Place x under report type)								
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<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	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

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 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.

Sworn to and subscribed before me this
 _____ day of _____ 20____

 Signature
 My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting report
Pamela A. C. Brady
 Printed Name
610
 Area Code
442-2178
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.

Sworn to and subscribed before me this
 _____ day of _____ 20____

 Signature
 My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate
Grace Campbell Smith
 Printed Name
610
 Area Code
534-1887
 Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

File Identification Number

To Whom Paid					Date [MM/DD/YYYY]	\$	14.60
CVS					6/17/2025		
House #	Street Address			Description of Expenditure			
	8th Ave			office supplies			
City	State	Zip Code					
Bethlehem	PA	18018					
To Whom Paid					Date [MM/DD/YYYY]	\$	100.00
McNeil for PA					12/5/2025		
House #	Street Address			Description of Expenditure			
1080	Schadt Ave			fundraiser ticket			
City	State	Zip Code					
Whitehall	PA	18052					
To Whom Paid					Date [MM/DD/YYYY]	\$	1,000.00
Grace Crampsie Smith					12/26/2025		
House #	Street Address			Description of Expenditure			
1403	Loraln Ave			payment of loan			
City	State	Zip Code					
Bethlehem	PA	18018					
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					
	PA						
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					