

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 Grace Crampsie Smith							
Street Address	1403 Lorain Ave							
City	Bethlehem	State	PA	Zip Code				
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 6/10/2025	To Date 12/31/2025	For Office Use Only					
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							

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

504-1857

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

My Commission expires
MO. DAY YR.

Signature of Candidate
Grace Crampsie Smith

Printed Name

610

Area Code

504-1857

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



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-stcampalgnfinance@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

Grace Campagne Smith

Printed Name

1/28/2024
Date (MM/DD/YYYY)

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

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.

1/22/26

Date (MM/DD/YYYY)

Signature of Treasurer, Candidate, or Lobbyist

Pamela A. Brody

Printed Name

Bethlehem, PA, USA

Location (City/State/Country)



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-Bid 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.

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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.

1/22/2026

Date (MM/DD/YYYY)

Signature of Treasurer, Candidate, or Lobbyist

Grace Campbell Smith

Printed Name

Poethlehem, PA/N'Tair/USA
Location (City/State/Country)

DSEB-502R

Updated 1/5/2022

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
Name of Filing Committee, Candidate or Lobbyist	Grace Smith Friends of Grace Campion Smith				
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	Termination Report
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For Office Use Only

Summary of Receipts and Expenditures	From Date 6/10/2025	To Date 12/31/2025	
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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

Printed Name

610

Area Code

442-278

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

Printed Name

610

Area Code

534-1857

Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number(s)					
To Whom Paid	CVS			Date [MM/DD/YYYY]	\$ 14.60
House #	Street Address	8th Ave		Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018
To Whom Paid	McNeil for PA			Date [MM/DD/YYYY]	\$ 100.00
House #	1080	Street Address	Schadt Ave	Description of Expenditure	
City	Whitehall	State	PA	Zip Code	18052
To Whom Paid	Grace Crampsie Smith			Date [MM/DD/YYYY]	\$ 1,000.00
House #	1403	Street Address	Lorain Ave	Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	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	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State	PA	Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	