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Reset Form	Print Form
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	A CONTRACTOR OF THE PARTY OF TH

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

Filer Identification			rt Filed B	y Candida	te 🗸	Committee		Lobbyist
Number ( Mark X)						d	<u> </u>	
Name of Filing Committee, Car	ndidate or Fr	riend	s of Grac	e Crampsie Sm	ith			
Lobbyist								
Street Address	14	403 l	orain Av	е				
City Bethlehe	m			State	PA	Zip Code	18018	
Type of Report (Place x under r	eport type)							
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday	3-30 Day Post 4-	6th T	uesday	5-2nd Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary			ection	Pre-Election	Election		Pre-Election	Post-Election
		T	≒† T		· [ ]			
			ᆛᆜ			<u> </u>	Ttti	<u> </u>
Date Of Election	05/18/2021 Y	ear		2021	Amendment Report		Termination Report	
(MM/DD/YYYY)	03/10/2021			2.02.1	neport	<u> </u>	pehore	
Summary of Receipts and	From Date		To Date			For	Office Use Only	
Expenditures		┨╏						
	05/04/2021		06/	/07/2021				
A. Amount Brought Forward F	rom Last Report	\$	18	3,502.23				
B. Total Monetary Contributio	ns and Receipts	8						
(From Schedule I)			:	300.00				
C. Total Funds Available		8						
(Sum of Lines A and B)		┸	18	3,802.23				
D. Total Expenditures \$ 4,430.75		430.75						
(From Schedule III)		,400.70						
E. Ending Cash Balance \$ 9,371.48		.371.48						
(Subtract Line D from Line 6)		,						
	ns neceived	8	ranga ar-	. K <b>O</b> lej svat sektor Z Albektyk le				
(From Schedule II) G. Unpaid Debts and Obligation	one ·	8						
(From Schedule IV)		•	31	,000.00 <sup>LLPD/01</sup>				
(1.50111.0011000010.14)		لــــــــــــــــــــــــــــــــــــــ	10 G. 30 10	diam's received 13 feet	Minn with			

### 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)	\$	200.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	\$	100.00
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	O
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)	8	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)	\$	300.00

#### PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

			9 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	Salah Andre - Valorica	Santa en moleculos de moleculos disconestos	en an outer service as a section of the figure			
Full Na	me of Contributor						Date [MM/DD/YYYY]	3	
	Kathleen Heffelfinger						05/12/20211		100.00
House		eet Address	1			*	Date [MM/DD/YYYY]	\$	
	2124		Kingsview F	ld					Au
City	Macungie		State	PA	Zip Code	18062	Date [MM/DD/YYYY]	8	
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	
House	# Kingsview F Str	eet Address					Date [MM/DD/YYYY]	8	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor						Date [MM/DD/YYYY]	8	
House	# Str	eet Address					Date [MM/DD/YYYY]	.\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	
House	# Str	eet Address				***************************************	Date [MM/DD/YYYY]	\$	
City	<u> </u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	
House	# Stre	eet Address		,			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor		And the second s	Charge State (Ingles State)			Date [MM/DD/YYYY]	\$	
House	# Stre	et Address					Date [MM/DD/YYYY]	8	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

# Statement of Expenditures

Ciles Identification Number	
Filer Identification Number:	

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To Wh	om Paid	Labiah Vallas Drint					Date [MM/DD/YYYY]	\$	ma aa		
		Lehigh Valley Print Center					05/05/2021	'	58.38		
House	# 1701	Street Address Union Blvd Suite 114				Description of Expenditure					
City	Allentown		State	PA	Zip Code	18109	Campaign sign		TO THE STATE OF TH		
To Wh	om Paid	Labiah Mallan Dian		Comment of the Commen			Date [MM/DD/YYYY]	\$			
		Lehigh Valley Print (	Jenter				05/10/2021	1	3,769.89		
House	# 4704	Street Address	. 5: 14	- · · · · · ·			Description of Expenditure				
	1701	l or		Suite 114							
City	Allentown		State	PA	Zip Code	18109	Mailing				
To Wh	om Paid	ПОВО				entralisment of the property of the first pr	Date [MM/DD/YYYY]	\$			
		USPS					05/11/2021		33.48		
House	# 535	Street Address	ood St				Description of Expendit	ure			
011	000				1	·					
City	Bethlehem		State	Pa	Zip Code	18106	Stamps				
To Wh	om Paid	DNO D			Make Ch. The Will Property School of Service and		Date [MM/DD/YYYY]	3	Service State Action to Let The Service State Basel Brook Service Serv		
		PNC Bank					05/14/2021		500.00		
House	# 1481	Street Address 8th Ave					Description of Expendit	ure			
City	Bethlehem		State	РА	Zip Code	18018	returned check -improper	sign	ature		
To Wh	om Paid		- C.		to the facility of the State of the State of		Date [MM/DD/YYYY]	\$	Section in the section of the sectio		
		PNC Bank					06/01/2021	1	69.00		
House	# 1481	Street Address 8th	Ave	***************************************			Description of Expendit	ure			
City		<u> </u>	State		Zip	T	0 : 0:	<u> </u>			
	Bethlehem			PA	Code	18018	Service Charge				
To Wh	om Paid			•			Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ure			
City		<u> </u>	State		Zip						
				The state of the s	Code			ya.sənə			
10 Wn	om Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ure			
City			State		Zip Code						
To Who	om Paid					l	Date [MM/DD/YYYY]	8			
House	#	Street Address					Description of Expendit	ure			
City		<u> </u>	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.

Name of Credito	Grace Crampsie Smith			Outstanding Balance of Debt
House # 1403	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City	Lorain Ave	State	02/19/2019 PA	1,000.00
Description of D	Alger • C		would	<u> </u>
Name of Credito	) <b>r</b>			Outstanding Balance of Debt
House #	Street Address	T	DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip   Code	
Description of D	)ebt		1 30,437	1 1
No-	Park Tak			Outstanding Polonge of Policy
Name of Credito			DATE NEDT MOUNTE	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	-  A
Description of D			Code	<u>                                     </u>
Name of Credito				Outstanding Balance of Debt
House #	   Street Address		DATE DEBT INCURRED	
	on set Address	-	[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	· 경기 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :		Louis	1:1
Name of Credito	respective .			Outstanding Balance of Debt
	Street Address	T	DATE DEBT INCURRED	S S
House #			[MM/DD/YYYY]	
House #	1 7 1 1		Zip	4.1
		State		
City	Debt	State	Code	
City Description of D				Outstanding Balance of Debt
City Description of D Name of Credito			DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of D Name of Credito	or Street Address		Code	
City  Description of C  Name of Credito  House #	or Street Address		DATE DEBT INCURRED	



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# 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)		y Candida	ite		Committee		$\boxtimes$	Lobbyist	
Name of Filing Committ Lobbyist	tee, Cai	ndidate or	Friends of Grace Crampsie Smith									
Street Address		1	1403 Lorain Ave									
City	ethlehe	m	ini sensira		State	PA		Zip Code	18018			
Type of Report (Place x u												
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Primary		3- 30 Day Post 4- Primary Pr			5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Da Election	•	7- Annual	Special 2 <sup>n</sup> Pre-Electi	•	Special 30 Post-Electi	
		X										
Date Of Election (MM/DD/YYYY)			ear/		2021	Amendr Report	nent		Terminati Report	on		
Summary of Receipts an Expenditures	nd	From Date		To Date				For	Office Use (	Only		
		05/04/21	1	01	6/07/21		•	٠				
A. Amount Brought Forward From Last Report		om Last Report	\$	13	3,502.23		· · · · · · · · · · · · · · · · · · ·	***************************************				
B. Total Monetary Contributions and Receipts (From Schedule I)		ns and Receipts	\$		300.00	The state of the s						
C. Total Funds Available (Sum of Lines A and B)	,		\$	1:	3802.23	Special section of the section of th						
D. Total Expenditures (From Schedule III)			8	4	,430.75	Market Street William						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	9	,371.48								
F. Value of In-Kind Contr (From Schedule II)			\$		0	di canada di can						
G. Unpaid Debts and Ob (From Schedule IV)	ligatio	ns	8	1	,000.00 3 (s 32)	knobi.dec	Thy an	owiedde ei				
				THE RESERVE OF THE PROPERTY OF	AffidavitSe	ction	79. 75	40 T T				

### SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	08/00 X 1804	
	escari em	
1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor	Oscillation.	
The same of most boundary		
Total for the reporting period (1)	\$	200.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	\$	100.00
Total for the reporting period (2)	8	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	8	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)  Total for the reporting period (4)	8	o

#### PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$ 50.01 TO \$ 250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

				SHOW STATE				STATE OF THE STATE	
Full Nan	ne of Contributor	1			6-14-14-14-14-14-14-14-14-14-14-14-14-14-		Date [MM/DD/YYYY]	\$	
		Kathleen He	effelfinger				05/12/20211		100.00
House #	\$\ 2124	reet Address	Kingsview F			4	Date [MM/DD/YYYY]	\$	
City	Macungie		State	РА	Zip Code	18062	Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributor	*					Date [MM/DD/YYYY]	\$	
House #	Kingsview F	reet Address			***************************************		Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributor	-	erandisus antoni i - kuliki '				Date [MM/DD/YYYY]	\$	
House #	St	reet Address					Date [MM/DD/YYYY]	\$	
City	·		State		Zip Gode		Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributor						Date [MM/DD/YYYY]	\$	
House #	St	reet Address					Date [MM/DD/YYYY]	8	
City			State		Zip Code		Date [MM/DD/YYYY]	3	
Full Nam	ne of Contributor						Date [MM/DD/YYYY]	8	
House #	Stu	reet Address				***************************************	Date [MM/DD/YYYY]	8	
City			State		Zip Code		Date [MM/DD/YYYY]	8	
Full Nam	e of Contributor						Date [MM/DD/YYYY]	\$	
House #	Str	reet Address					Date [MM/DD/YYYY]	\$	
City	<u> </u>	<u> </u>	State		Zip Code		Date [MM/DD/YYYY]	\$	

# Statement of Expenditures

Filer Identification Number:	
raer webuiiGawob Number: T	
1	
CONTRACTOR OF THE PROPERTY OF	

To Whom Paid			CAL COLD CORNOR NOT NO	A CARROLINA CONTRACTOR		ra ny kaominina mana ao Fanaka ao amin'ny faritr'i A	D-4- (1444/DD /VVVV)			
to whom Pala		Lehigh Valley Print (		Date [MM/DD/YYYY]	\$	58.38				
House #							05/05/2021	<u> </u>		
	1701	Street Address Union Blvd Suite 114					Description of Expenditure			
City	City Allentown		State	PA	Zip Code	18109	Campaign sign			
To W	hom Paid	Lehigh Valley Print Center					Date [MM/DD/YYYY]	8		
							05/10/2021	3,769.89		
House	e# 1701	Street Address Un	ion Blvd	Suite 114			Description of Expenditure			
City	Allentown		State	PA	Zip Code	18109	Mailing			
To W	hom Paid	HODO					Date [MM/DD/YYYY]	\$		
		USPS					05/11/2021		33.48	
	louse #   535   Street Address   Wo		ood St				Description of Expenditure			
City	Bethlehem		State	Pa	Zip Code	18106	Stamps			
To Whom Paid			an and a second			elle de delle 2000 au 1000 au	Date [MM/DD/YYYY]	\$		
		PNC Bank					05/14/2021		500.00	
House	1481	Street Address 8th	Ave				Description of Expenditure			
City	Bethlehem	State PA			Zip Code	18018	returned check -improper signature			
To Whom Paid										
To W	nom Paid	DNO D	i dita i ina ditandak ina pa	de transcription de la company	a to the state of the state of the		Date [MM/DD/YYYY]	\$		
		PNC Bank	Sicility is the military factor from a				Date [MM/DD/YYYY] 06/01/2021	\$	69.00	
To Wh		Street Address	Ave						69.00	
	)#I	Street Address	Ave State	PA	Zip Code	18018	06/01/2021		69.00	
House City	1481	Street Address		PA		18018	06/01/2021  Description of Expendit		69.00	
House City	Bethlehem	Street Address		PA		18018	06/01/2021  Description of Expendit  Service Charge	ure	69.00	
House City To Wh	Bethlehem	Street Address 8th		PA	Code	18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]	ure	69.00	
House City To Wh	Bethlehem	Street Address 8th	State	PA		18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]	ure	69.00	
House City House City	Bethlehem	Street Address 8th	State	PA	Code Zip	18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]	ure \$	69.00	
House City House City	Bethlehem nom Paid	Street Address 8th	State	PA	Code Zip	18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit	ure \$	69.00	
City To Wh House City To Wh	Bethlehem nom Paid	Street Address Street Address	State	PA	Zip   Code	18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$	69.00	
House City House City To Wh House City City	Bethlehem nom Paid	Street Address Street Address	State	PA	Zip   Code	18018	06/01/2021  Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$	69.00	
House City To Wh House City To Wh To Wh	Bethlehem nom Paid  # nom Paid  #	Street Address Street Address Street Address	State	PA	Zip   Code	18018	Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$	69.00	
House City House City To Wh House City City	Bethlehem nom Paid  # nom Paid  #	Street Address Street Address	State	PA	Zip   Code	18018	Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit	ure \$	69.00	
House City To Wh House City To Wh To Wh	Bethlehem nom Paid  # nom Paid  #	Street Address Street Address Street Address	State	PA	Zip   Code	18018	Description of Expendit  Service Charge  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$	69.00	

## 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.

					44. <b>4</b> 34. 3. 3. 3. 4. 4. 1.			en a companya da companya	
Name of	Creditor	Grane Cre	ampsie Smith					101	utstanding Balance of Debt
House #		reet Address	· · · · · · · · · · · · · · · · · · ·		DATE DEBT INCURRED [MM/DD/YYYY]		8		
City		Bethlehem		State		02/19/20 <b>Zip</b>	T	4	1,000.00
Descripti	ion of Debt	Deunenen	1		PA	Code	18018		1
Name of		1	7						utstanding Balance of Debt
House #	Sti	reet Address			DATE DEBT INCURRED [MM/DD/YYYY]			.\$	
City				State	•	Zip Code			
Descripti	ion of Debt	-		1		-			
Name of	Creditor							Oı	utstanding Balance of Debt
House #	Sti	reet Address				E DEBT II MM/DD/	NCURRED /YYYY]	\$	
City				State		Zip Code		1	
Descripti	on of Debt			L	L	1 ====			<u></u>
Name of	Creditor							Oi	utstanding Balance of Debt
House #	Sti	reet Address				E DEBT II MM/DD/	NCURRED (YYYY]	\$	
City				State		Zip Code		-	
Descripti	on of Debt	7		<u></u>		J.,,,,,,			
Name of	Creditor						to some of the second	Oı	utstanding Balance of Debt
House#	OUSe # Street Addi					DATE DEBT INCURRED [MM/DD/YYYY]			
City				State		Zip Code		1	
Description	on of Debt					J			1
Name of	Creditor							Oi	utstanding Balance of Debt
House #	Str	eet Address				E DEBT IN MM/DD/	NCURRED YYYY]	\$	
City				State		Zip Code			
Description	on of Debt					1 0000			1