

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)		<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith						
Street Address		1403 Lorian 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 checked="" type="checkbox"/>	<input 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	For Office Use Only
	10/19/21	11/22/21	
A. Amount Brought Forward From Last Report	\$	10,362.49	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	10,362.49	
D. Total Expenditures (From Schedule III)	\$	100.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	10,262.49	
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.
 Sworn to and subscribed before me this _____

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts - \$ 50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0
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2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	0
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Total for the reporting period	(2)	\$ 0
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3. Contributions Over \$ 250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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Total for the reporting period	(3)	\$ 0
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4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$ 0
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Terry Houck for DA			Date [MM/DD/YYYY]	\$	100.00
					11/16/21		
House #	Street Address	PO Box 519			Description of Expenditure		
City	Tatamy	State	PA	Zip Code	18085	Campaign Contribution	
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		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:	
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Name of Creditor		Grace Crampsie Smith				Outstanding Balance of Debt	
House #	1403	Street Address		Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Bethlehem	State	PA	Zip Code	18018	\$ 1,000.00
Description of Debt		Campaign loan					

Name of Creditor						Outstanding Balance of Debt	
House #	L	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							

Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identification Number	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith						
Street Address		1403 Lorian 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 checked="" type="checkbox"/>	<input 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
		10/19/21
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F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,000.00

For Office Use Only

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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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
<i>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)</i>		\$ 0

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Terry Houck for DA			Date [MM/DD/YYYY]	\$	100.00
					11/16/21		
House #		Street Address	PO Box 519		Description of Expenditure		
City	Tatamy	State	PA	Zip Code	Campaign Contribution		
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		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:	
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Name of Creditor		Grace Crampsie Smith				Outstanding Balance of Debt	
House #	1403	Street Address		Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Bethlehem	State		PA	Zip Code	18018
Description of Debt		Campaign loan					
						\$ 1,000.00	

Name of Creditor						Outstanding Balance of Debt	
House #	L	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							
						\$	