Commonwealth of Pennsylvania - Campaign Finance Report

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

		(14016. 11116	OCCUPATION CONTRACTOR		anyereeninkaan	andidat		Committee		Lobbyist	
Filer Identification Number			kepoi Mar	rt Filed By k X)	, 6	Candidate		Committee			
Name of Filing Committee, Candidate or		didata or									
Lobbyist	,	 -	Friends of Grace Crampsie Smith								
Street Address		1	403	403 Lorian Ave							
City	Bethleher	n			S	tatè	PA	Zip Code	18018		a minara masa
Type of Report (Place	e x under r	eport type)	Ng reprise							algebra (1985), Stock and the	or and a second
		3- 30 Day Post 4	- 6 th	Tuesday	5- 2 nd	Friday	6- 30 Day Post	7- Annual	Special 2 ^{hd} Friday		
	-Primary	Primary P	re- E	lection	Pre- E	lection	Election		Pre-Election	Post-Election	n
							X				
Date Of Election			Year				Amendment		Termination		
(MM/DD/YYYY)							Report		Report		
Summary of Receipt	fe and	From Date		To Date	<u>.</u>	and the second		For	Office Use Only		884 E.S. C. 500
Expenditures	is and	Trom Bate									
·		10/19/21		1	1/22/21						
A. Amount Brought	Forward F	rom Last Report	\$	1	0,362.4	9			•		
B. Total Monetary (Contributio	ons and Receipts	8	0				•			
(From Schedule I)			S	, , , , , , ,							
C. Total Funds Avail			۳	'	0,362.4	9	ton the				
D. Total Expenditur			8	3	100.00						
(From Schedule III)					100.00						
E. Ending Cash Balance			1	- ا	10,262.4	19					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received		ons Received		3	-,,,,-		1				
		/			0						
(From Schedule II)											
(From Schedule II) G. Unpaid Debts ar		ons		\$	1.000.0	10					
(From Schedule II)		ons			1,000.0		ootion				
(From Schedule II) G. Unpaid Debts ar				مرت	NA SA	ffidavit S	ection candidate sign her	e.			

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

Sworn to and subscribed before me this

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	2.0000000000000000000000000000000000000	
	district suggest	
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor	ER - SPESKELLSON	
Total for the reporting period (1	2	\$
	′ °	0
2. Contributions of \$50.01 to \$250.00 (From		
Part A and Part B)		
Contributions Received from Political Committees (Part A)		
Part A)	8	\$ 0
All Other Contributions (Part B)		
The state of the first by	\$	\$ 0
Total for the renewiting of the		
Total for the reporting period (2	8	\$ 0
3. Contributions Over \$ 250.00 (From Part C and Part D)	000000000000000000000000000000000000000	
3. Contributions Over \$ 250,00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
Contributions Received from Political Committees (Part C)	\$	8 0
	\$	0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		0
Contributions Received from Political Committees (Part C)	\$	0 8 0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3)	\$	0 8 0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3)	\$	0 8 0 8
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	0 8 0 8
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\$	0 8 0 8 0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$	0 8 0 8 0
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4) Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4) Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$	

Statement of Expenditures

Filer Identification Number:	
	l

To Whom Paid	1/3 () 1/3 ()				Date [MM/DD/YYYY]	8 -		
	Terry Houck for DA				11/16/21	100.00		
House #	Street Address Po	Street Address PO Box 519				Description of Expenditure		
City Tatamy	Tatamy State PA PA Zip Code 18085			Zip Code 18085	Campaign Contribution			
To Whom Paid					Date [MM/DD/YYYY]	8		
House #	Street Address	· · · · · · · · · · · · · · · · · · ·			Description of Expend	iture		
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]			
House #	Street Address				Description of Expend	liture		
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]			
House #	Street Address				Description of Expend	liture		
City	1.00 to 25 different parts	State		Zip Code	Carl plan, and carl of a gradual and a second and a second a secon	(200 min (2		
To Whom Paid			no material space of the state		Date [MM/DD/YYYY]	3		
House #	Street Address				Description of Expend	liture		
City	. النصيف النظيم التطبيع التطب	State		Zip Code				
To Whom Paid				angga dipantingga, Amerika ing angga kangga angga Amerika.	Date [MM/DD/YYYY]	8		
House #	Street Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Description of Expend	diture		
City		State		Zip Code				
To Whom Paid		et dies for mit Geschild (testing			Date [MM/DD/YYYY]			
House #	Street Address				Description of Expend	liture		
City	The analysis of the same	State		Zip Code	The second secon			
To Whom Paid					Date [MM/DD/YYYY]	3		
House #	Street Address			<u> </u>	Description of Expend	diture		
City	I mas crosses a contract	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 Nu	mber:			
Name of Creditor	Grace Crampsie Smith			Outstanding Balance of Debt
House # 1403	Street Address Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]	8
City	Bethlehem	State	2/19/2019 PA Zip 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]	8
City		State	Zip Code	
Description of Debt		<u> </u>		
Name of Creditor		nines se en		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of Debt		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The region agreed compact and a	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of Debt				•
Name of Creditor	2-115 2-115 2-115	gilly (State France)		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debi	t .			
Name of Creditor		presion at the special executive sec		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Gode	
Description of Debi	t		the second secon	

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Committee Candidate Report Filed By Filer Identification (Mark X) Number Name of Filing Committee, Candidate or Friends of Grace Crampsie Smith Lobbyist 1403 Lorian Ave Street Address Zip Code 18018 State City Bethlehem Type of Report (Place x under report type) Special 30 Day Special 2nd Friday 7- Annual 6-30 Day Post 5- 2nd Friday 2- 2nd Friday 3- 30 Day Post 4- 6th Tuesday Post-Election Pre-Election 1-6th Tuesday Election Pre- Election Pre- Election Pre-Primary Primary Pre-Primary Termination Amendment Year Report **Date Of Election** Report (MM/DD/YYYY) For Office Use Only To Date Summary of Receipts and From Date Expenditures 11/22/21 10/19/21 A. Amount Brought Forward From Last Report 10,362.49 B. Total Monetary Contributions and Receipts (From Schedule I) \$ C. Total Funds Available 10,362.49 (Sum of Lines A and B) D. Total Expenditures 100.00 (From Schedule III) \$ E. Ending Cash Balance 10,262.49 (Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$ 0

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.

1,000.00

\$

(From Schedule II)

(From Schedule IV)

G. Unpaid Debts and Obligations

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
LB - Colo Office of Colo and Constitution		
1.Unitemized Contributions and Receipts-8 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)	8	0
3. Contributions Over \$ 250.00 (From Part C and Part D)	-steppings	
Contributions Received from Political Committees (Part C)	8	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

Statement of Expenditures

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Filer Identification Number:	
THE INCITION WITH INCIDENT	
,	<u> </u>
,	<u>'</u>
,	· ·

To Whom Paid				Date-[MM/DD/YYYY] \$		
	Terry Houck for DA			11/16/21		
House #	Street Address	O Box 519	quantum position of the state o	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	NATE OF THE PROPERTY OF THE PR	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	, Little 1 is a second	State	Zip Code			
To Whom Paid	5 2	and the second s		Date [MM/DD/YYYY]		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address		, in the second	Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address		<u> </u>	Description of Expenditure		
City		State	Zip Code	The state of the s		

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 Nu	imber:			
	- George Const			
Name of Greditor	Grace Crampsie Smith			Outstanding Balance of Debt
House # 1403	Street Address Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]	8
City	Bethlehem	State	2/19/2019 PA Zip 18018	1,000.00
Description of Deb	Campaign loan	<u> </u>		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of Deb		·	· · · · · · · · · · · · · · · · · · ·	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	. S
City		State	Zip Code	
Description of Deb	t			1.00-01
Name of Creditor		memory make her game		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Deb				•
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of Deb				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Deb		1 81 8 G (\$200) 144	[Person