

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Grace Crampsie Smith</i>								
STREET ADDRESS <i>1403 Lorain Ave.</i>								
CITY <i>Bethlehem</i>			STATE <i>PA</i>	ZIP CODE <i>18018</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
	<i>Bethlehem City Council</i>			<i>Dem.</i>		MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.					<i>11</i>	<i>5</i>	<i>2019</i>
2ND FRIDAY PRE-PRIMARY	2.					FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		<i>10</i>	<i>21</i>	<i>2019</i>		<i>11</i>	<i>25</i>	<i>2019</i>

CASH BALANCE AT END OF REPORTING PERIOD:	<i>\$ 3184.80</i>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	<i>\$ 1,000.00</i>

AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST ³					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Grace Crampsie Smith</i>										
STREET ADDRESS <i>1403 Lorain Ave</i>										
CITY <i>Bethlehem</i>		STATE <i>PA</i>	ZIP CODE <i>18018</i>							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY ^{1.}	<i>Bethlehem City Council</i>		<i>Dem.</i>	<i>11</i>	<i>5</i>	<i>2019</i>				
2ND FRIDAY PRE-PRIMARY ^{2.}				DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY				
30 DAY POST-PRIMARY ^{3.}				MO.	DAY	YEAR				
6TH TUESDAY PRE-ELECTION ^{4.}				<i>10</i>	<i>21</i>	<i>2019</i>			TO	<i>11</i>
2ND FRIDAY PRE-ELECTION ^{5.}				CASH BALANCE AT END OF REPORTING PERIOD:		<i>\$ 3184.80</i>				
30 DAY POST-ELECTION ^{6. <input checked="" type="checkbox"/>}				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		<i>\$ 1,000.00</i>				
ANNUAL REPORT ^{7.}				AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>					

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Notary Seal Public

